# **KCELLENCE AWARDS** ΔΜ **OCAL HEALTH NETWORK**

These awards recognise outstanding achievements and acknowledge the importance of our staff as we strive to provide the standard of health care that we desire for our own families and friends.

#### Applications close on Friday 14th July 2017.

#### Your application must be endorsed by your line manager prior to being submitted.

If your nomination is for a team, program or project please note that the person whose contact details are provided will become the main contact for administration purposes. If you are nominating a colleague, or their team, program or project, they will become the main contact.

Please complete this form and press the 'email' button at the end of the form. Your form will be sent to the Southern Adelaide Local Health Network (SALHN) Awards Coordinator. Please ensure you save or print your form for your own records.

Alternatively you can print your form and send by fax to (08) 8204 5833. Only one copy is required.

Further enquiries and application forms are available from:

#### **SALHN** Awards Coordinator

Phone: (08) 8204 4949 Fax: (08) 8204 5833

SALHN Awards Coordinator, Media and Communications Office, Ground Floor, Flinders Medical Centre Post:

Email: HealthSALHNmediaandcommunications@sa.gov.au

Please note it is your responsibility to refer to the SALHN Awards 2017 eligibility and conditions of entry available on the Inside Southern Health intranet prior to completing your form.

## Which award category are you applying for?

Award for Excellence in Corporate Services	Award for Excellence in Allied Health
(Complete Section A, Section B and Section G)	(Complete Section A, Section B and Section G)
Award for Excellence in Nursing & Midwifery	Award for Medical Excellence
(Complete Section A, Section B and Section G)	(Complete Section A, Section B and Section G)
Award for Patient Support Assistant Excellence	Award for Excellence for Volunteers
(Complete Section A, Section B and Section G)	(Complete Section A, Section B and Section G)
Award for Excellence by a Young Staff Member	Award for Excellence in Teamwork
(Complete Section A, Section B and Section G)	(Complete Section A, Section B and Section G)
Award for Excellence in Teaching	Award for Excellence in Research
(Complete Section A, Section C and Section G)	(Complete Section A, Section C and Section J)
Award for Excellence in Innovation	Award for Excellence in Partnering wit

(Complete Section A, Section C and Section G)

Award for Excellence in Health and Safety (Complete Section A, Section D and Section G)

th Consumers (Complete Section A, Section H and Section G)

Award for Excellence in Leadership (Complete Section A, Section H and Section G)

## Section A (All applicants to complete)

#### Name of nomination

(Individual/team/project/program):			
Department:	Site:		

#### Summary

Please include the outcomes and achievements and how this has benefited SALHN and improve the standard of care we provide.

The summary provided may be used for marketing purposes. Please write in a style that avoids jargon, is clear and easy to understand, and is ready for publication (word limit: 200) Please make sure all of your response is visible in the box, delete spaces if necessary.

# Section B

# Award for Excellence for either Corporate Services, Allied Health, Nursing and Midwifery, Medical, Patient Support Assistants, Volunteers, Young Person or Teamwork

Please ensure you clearly address each point in a style that is easy to understand.

1. Please provide a summary outlining why this individual/team/project/program is an outstanding candidate for this award (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

2.	What impact has this individual/team/project/program had on patients, staff or the	r area?
(word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.		
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3.	What has changed as a result of this individual/team/project/program?
	(word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

# Section C

Award for Excellence in Teaching, Research, or Innovation

1. Please describe why you think the nominee deserves an award which recognises their excellence in this field? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

2. What impact has this Teaching, Research, or Innovation had on patients, staff, or their area?

(word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

3. What has changed as a result of this Teaching, Research, or Innovation? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

# Section D

### Award for Excellence in Health and Safety

1. Please describe why you think the nominee deserves an award which recognises their excellence in this field? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

2. What impact on Health and Safety has this individual/team/project/program had on making for a safer working environment? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

3. What Health and safety improvements are being seen because of this individual/ team/ program/ project? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

# Section E

### Award for Excellence in Partnering with Consumers

1. Please describe why you think the nominee deserves an award which recognises their excellence in this field? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

2. What impact on consumers has this individual/team/project/program had? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

3. How has this individual/team/project/program helped consumers partner more effectively with SALHN? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

# Section F

## Award for Excellence in Leadership

1. Please describe why you think the nominee deserves an award which recognises their excellence in this field? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

2. How has this individual/team/project/program shown Leadership?

(word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

3. What impact has this Leadership had on a team/area/department/service or patients? (word limit: 250) Please make sure all of your response is visible in the box, delete spaces if necessary.

# Section G

#### Your details

I consent to this nomination and declare the information included in this application form is correct.

Title	Surname		Given name
Position Title		Business unit	
Location (unit/site)			
Business phone		Mobile	
Email			Date

I am nominating myself or my team/project/program – please now go to the Line Manager endorsement section of this form.

I am nominating a colleague or their team/project/program – please provide your colleague's details below before continuing to the Line Manager endorsement section of this form.

#### Colleague details

Title	Surname	(	Given name
Position Title		Business unit	
Location (unit/site)			
Business phone		Mobile	
Email			Date

#### Line Manager Endorsement

I support the subm	ission of this application	orm.	
Title	Surname	Given name	
Position Title		Business unit	
Date			

