

**Nomination form:**

**Primary Health Care Nursing Award**

* **Please complete ALL sections of the nomination form.**
* **Nomination forms must be submitted on or before 27 March 2017**
* **Completed nominations should be emailed to** [**NurseMidwifeAwards@adhb.govt.nz**](mailto:NurseMidwifeAwards@adhb.govt.nz)

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| **About the person you are nominating:** | |
| **Full name:** |  |
| **Current role:** |  |
| **Primary Care provider** |  |
| **Email address:** |  |
|  |  |
| **About you:** | |
| **Full name:** |  |
| **Service area:** |  |
| **Contact phone number/email address:** |  |

Tell us why you are nominating this nurse, please include something in each of the appropriate sections.

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| **Acknowledged by peers, the primary care team and patients as an excellent nurse** |
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| **Takes the lead in new initiative and quality improvement to achieve equitable outcomes and best practice.** |
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| **Works in partnership with the patient and their family to form who working relationship to get the support they need to improve their health and independence.** |
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| **Works with other providers to improve integration across the whole patient journey** |
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| **Raises the profile and voice of primary care health nursing** |
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