

## SYDNEY MEDICAL SCHOOL

### 2012 Alumni Awards

#### Nomination Form

Please provide the information on this form, as well as:

- Outline of the contribution or achievement which you think make your nominee worthy of an Alumni Award with reference to specific category/categories of award nominations (500 word limit)
- Activities beyond the profession your nominee is engaged in
- Curriculum vitae (2 pages limit)
- List of community service contributions where relevant
- Provide, if available, documentary evidence such as newspaper clippings, copies of certificates, etc of your nominee's achievements and activities.
- Two referees with whom the selection committee may consult

Only alumni (i.e. graduates and postgraduates of the School) may be nominated for this award. Up to four awards may be offered each year for alumni awards.

All nominations and supporting statements are confidential. The information provided will not be communicated to the nominee, unless the nominator so chooses.

#### Nominee Details

Title \_\_\_\_\_ Given names \_\_\_\_\_ Surname \_\_\_\_\_  
(Prof, Dr, Ms, Mr, etc)

Home address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (H) \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Business address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Current occupation \_\_\_\_\_

University of Sydney degree/s held and year awarded \_\_\_\_\_

Other degrees held \_\_\_\_\_

**Nomination for areas of achievement**

Community Achievement

Professional Achievement

International Achievement

Young Alumni Award for Achievement

**Nominator Details**

**Title** \_\_\_\_\_ **Given names** \_\_\_\_\_ **Surname** \_\_\_\_\_  
(Prof, Dr, Ms, Mr, etc)

**Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **State** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Email** \_\_\_\_\_

**University of Sydney degree/s held and year awarded, or relationship to the University**

**Relationship to Nominee** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Nomination seconded by**

**Title** \_\_\_\_\_ **Given names** \_\_\_\_\_ **Surname** \_\_\_\_\_  
(Prof, Dr, Ms, Mr, etc)

**Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **State** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Email** \_\_\_\_\_

**University of Sydney degree/s held and year awarded, or relationship to the University**

**Relationship to Nominee** \_\_\_\_\_ **Signature** \_\_\_\_\_

Do you wish your nominee to be contacted about their nomination:  Yes  No

**Closing Date for Nominations: 5pm Friday 17 February 2012**

**Please send nominations marked "IN CONFIDENCE" to:**

**MEDICAL ALUMNI ASSOCIATION**

Sydney Medical School

Edward Ford Building, A27

THE UNIVERSITY OF SYDNEY | NSW | 2006

W <http://sydney.edu.au/medicine/alumni/>

If you are submitting by email with scanned documents

Subject heading: **Alumni Award Nomination**

E [diana.lovegrove@sydney.edu.au](mailto:diana.lovegrove@sydney.edu.au)