



## Pharmacy Alumni Achievement Awards 2012

### Nomination Form

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

- The qualities which you think make your nominee worthy of an Alumni Award (500 words suggested length)
- Any activities in or beyond the profession your nominee is engaged in
- A curriculum vitae
- A list of community, international, voluntary or professional achievements by the nominee within or outside of the professional area.
- Provide, if available, documentary evidence such as newspaper clippings, copies of certificates, etc of your nominee's achievements and activities.

Only alumni (i.e. graduates of the University) may be nominated for this Award.

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

#### Nominee Details

Full Name: \_\_\_\_\_  
(Prof, Dr, Mrs, Ms, Mr, etc.)

Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Business Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

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

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

#### Nomination for Award category:

- Pharmacy Alumni Award for Achievement
- Pharmacy Young Alumni Award for Achievement

**Nominator Details**

Full Name: \_\_\_\_\_  
(Prof, Dr, Mrs, Ms, Mr, etc.)

Contact Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H): \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

University of Sydney degree/s held and year awarded, or relationship to the University:  
\_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_ Signature: \_\_\_\_\_

Nomination seconded by:

Full Name: \_\_\_\_\_  
(Prof, Dr, Mrs, Ms, Mr, etc.)

Contact Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H): \_\_\_\_\_ Facsimile: \_\_\_\_\_

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 (please circle)

**Closing Date for Nominations 5 pm Friday 27<sup>th</sup> April 2012**

**Please send nominations and supporting statements marked 'IN CONFIDENCE', to:**

Alumni & Development Officer  
Faculty of Pharmacy  
Pharmacy & Bank Building A15  
Science Road  
The University of Sydney NSW 2006 Australia

Telephone: +61 2 9351 7829

Facsimilie: +61 9351 4391