2023 NOMINATION FORM

**Applications close 5 PM AEST 29 September 2023**

**Nomination forms must be completed in full and returned via email to** [**membership@aida.org.au**](mailto:membership@aida.org.au)

Anyone can submit a nomination (you do not need to be an AIDA member to nominate someone).

**A nominee must be a current AIDA member with a minimum of 12 months existing membership.** Members who hold a position on the AIDA Board, Secretariator Student Representative Committee are ineligible for nomination.

# Nominator

Title: First name: Surname:

Signature: Date:

I am a current member of AIDA.

❑

I have read and understand the [Awards Guidelines and Framework](https://aida.eventsair.com/aida2023-conference/awards) on the AIDA website.

❑

# Nominee

Title: First name:

Surname:



**AWARDS**

Phone (if known): Email (if known):

# Award Category

(Please select only one per nomination form)

**Indigenous Medical Student of the Year** - Open to Indigenous Medical Student Members

❑

**Indigenous Doctor of the Year** - Open to Indigenous Medical Doctors: Fellow/Non-Fellow Members

❑

**Associate Member of the Year** - Open to Associate Individual/Individual Student/Associate Organisation Members

❑

# Award Prize

Award recipients will receive an AIDA Conference Package, as well as a trophy presented during a formal ceremony at the Gala Dinner on Saturday 18 November.

# Please complete page two of the Nomination Form >>

**Contribution to Health Outcomes**

Please enter your statement below (maximum 500 words), outlining:

* why and how the nominee has progressed AIDA’s vison during the relevant period
* why and how the nominee, or the team they lead, has excelled in their field?

AIDA will use the information you provide in accordance with AIDA’s Privacy Policy, available at [www.aida.org.au.](http://www.aida.org.au/) For more information, please contact [aida@aida.org.au.](mailto:aida@aida.org.au)

