

Nominee Details

Name: _____ Surname: _____

Employment setting:

Community based Hospital MS Clinic MS Research Academia

Employer: _____

Address: _____

City/Suburb: _____ State: _____ Postcode: _____

Phone: _____

Email: _____

Is the nurse aware of the nomination? YES NO

Please attach a recent CV for the nominee.

Please explain why you have nominated this nurse for Nurse of the Year specifically addressing the checklist criteria outlined below. Please make it clear to the judging committee why the nominee should be considered as MSNA Inc MS Nurse of the Year. *(please attach extra pages as necessary. Maximum 1000 words)*

Checklist:

THE NOMINEE SHOULD FULFIL THE FOLLOWING CRITERIA:

Each section must be clearly headlined and detail exactly how the nominee demonstrates commitment to each area.

- 1. Contributes to advancing MS nursing practice within their clinical area, research or academic setting
- 2. Displays a commitment to the profession of MS nursing
- 3. Seeks to enhance their own professional development
- 4. Actively shares their knowledge with their peers and others
- 5. Other areas of significant contribution

Please send completed nomination to:

MSNA Secretary
Helen McCarl
Secretary MSNA Inc
PO Box 275
Brighton SA 5048

Or via email by August 7th 2013:

hmccarl@ms.asn.au

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MS
Nurses
Australasia Inc

 **NOVARTIS**