CATSINaM Partnership Award Application Form

**Sister Alison Bush Award Application Form**

PERSONAL INFORMATION AND CONSENT

**NAME OF CATSINAM MEMBER BEING NOMINATED (NOMINEE)**

Name:

**CONTACT DETAILS FOR THE NOMINEE**

Contact Name:

Address:

Telephone: Mobile:

Email:

Is the Nominee a: Registered Midwife

**BRIEFLY DESCRIBE THE POSITION THE NOMINEE OCCUPIES**

**CONTACT DETAILS FOR THE PERSON SUBMITTING THE NOMINATION**

Name:

Address:

Telephone: Mobile:

Organisation:

Email:

**SIGNED CONSENT BY NOMINEE**

I am aware of this application and consent to this nomination being submitted.

**SIGNED CONSENT BY PERSON SUBMITTING THE NOMINATION**

I verify that the information provided in this application was correct at the time of submission.

**NOMINEE’S BIOGRAPHY (100-150 WORDS)**

CRITERIA TO ADDRESS

**PERSONAL DEVELOPMENT**

This refers to academic and formally recognised education and other forms of education undertaken to enhance their midwifery training – describe in 300-400 words.

**PROFESSIONAL LEADERSHIP**

This refers to how they undertake their primary role in the workplace and involvement with other project or programs that extend beyond their primary work role - describe in 300-400 words.

**PARTICIPATION AND INVOLVEMENT WITH THE COMMUNITY**

This refers to consultation, advocacy, direct support, and commitment - describe in 300-400 words.

CATSINaM IMAGE RELEASE CONSENT

I (*print full name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent to:

allow CATSINaM to use film/video/photographic images of myself for promotional purposes in CATSINaM publications, posters, brochures and websites

**OR**

only the specific event/publication/poster/brochure/website (*please provide details)* e.g. Annual CATSINaM Awards.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that:

* these images will remain the property of CATSINaM
* the images will be used by CATSINaM only for non-commercial purposes

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send nomination forms to catsinam@catsinam.org.au