ANZTS Awards Submission Form

Award Category:	
☐ Trauma Leadership ☐ Clinical Excellence	
☐ Community Trauma Award ☐ Trauma Champions	
Awardee Information: Full Name:	Nominator Information Full Name:
Job Title:	Job Title:
Organization/Institution:	Organization/Institution:
Contact Email:	Contact Email:
Contact Phone Number:	Contact Phone Number:
Brief Description of Nominee's Contributions (250 words maximum):	
Please provide a summary of the nominee's achievements, highlighting their exceptional contributions to the field of trauma care.	
Include information about their skills, expertise, innovative approaches, and any measurable impact they have had on patient outcomes or the broader trauma care community.	
Supporting Documentation: Please attach any supporting documents that provide evidence of the nominee's achievement contributions. This may include research papers, publications, testimonials, awards, or any other relevant materials.	
Declaration: By submitting this nomination, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that the decision of the ANZTS Awards Panel & the Board of Directors is final, and that the nominee may be required to provide additional information if deemed necessary for the evaluation process.	
Signature:	Date: