



2024 MDHS Staff Excellence Awards

Nomination Form

Please complete all sections of this form and include it as the first part of your nomination. Note: In preparing an application, it is essential to refer to the [2024 MDHS Staff Excellence Awards Nomination Guidelines](#) document.

Please tick the MDHS Staff Excellence Award you are nominating for:

(select one award only per nomination)

MDHS GLOBAL, PLACE AND COMMUNITY AWARDS

- Award for Indigenous Health and Wellbeing
- Award for Partnership and Collaboration for Public Benefit
- Award for Building an Inclusive, Values-Driven Faculty Community
- Award for Mentor Excellence
- Award for Professional Excellence in Demonstrating Impact

MDHS DISCOVERY AWARDS

- Award for Graduate Researcher Supervision
- Award for Interdisciplinary Research
- Award for Research Achievements

MDHS EDUCATION AWARDS

- Award for Sustained Excellence in Learning and Teaching
- Award for Learning and Teaching Achievement
- Award for Education for Collaborative Practice
- Award for Program Innovation

MDHS Staff Excellence Awards

Nominee details (In case of a team nomination, please list the principal contact person)

| | |
|--------------------|--|
| TITLE: | |
| FULL NAME: | |
| POSITION TITLE: | |
| DEPARTMENT/CENTRE: | |
| EMAIL: | |
| PHONE: | |

Other team member details (Only complete for team or group nominations. Please state the relationship between team members, e.g. equal partners; unit under the direction of the manager or leader. Add an additional page for listing additional names if required)

| NAME (title and full name) | RELATIONSHIP |
|----------------------------|--------------|
| | |
| | |
| | |
| | |
| | |

Nominator details

| | |
|--------------------|--|
| TITLE: | |
| FULL NAME: | |
| POSITION TITLE: | |
| DEPARTMENT/CENTRE: | |
| EMAIL: | |
| PHONE: | |

Project/initiative title

Statement about initiative (max 500 words)

Nominator or nominee must provide a brief (max 500 word) description of what the nominee(s) did that has made a significant difference in relation to the award you are nominating for. Refer to the award description and nomination criteria in each respective award category as outlined in the MDHS Staff Excellence guidelines and provide a response below. This statement can be supported by appropriate evidence, such as feedback from colleagues, students and partners, relevant statistics, stories, and references (supporting materials must be a maximum of 5 pages).

Nominator declaration

I/we (print name/s): _____

Declare that the nominee/s is/are a current University of Melbourne staff member/s and the information in the application is true and correct

Signature/s: _____

Date: _____

Support of Head of Department/Centre

I (print name): _____

Support the nomination based on the attached documentation

Signature/s: _____

Date: _____

Support of Head of School

I (print name): _____

Support the nomination based on the attached documentation

Signature/s: _____

Date: _____

Nomination Checklist (please tick)

Please ensure all documentation is included in the nomination:

- Completed nomination form
- Supporting materials (Optional; 5 pages maximum)

SUBMISSION

Submit your nominations as a single PDF by email no later than 5pm Monday 30 September, 2024

For enquiries and submission please contact:

Priya Chand

MDHS-StaffAwards@unimelb.edu.au