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OV/SA Life Member Nomination Form

**Description of the award:**

Life Members are nominated in recognition of the meritorious contribution of long and distinguished service by the Member to optometry or the profession of optometry.

Examples may include:

* patient service excellence through technical expertise and standard of care, as evidenced by additional qualifications, certifications, patient and/or peer references and the absence of AHPRA notations or complaints.
* impact through innovation (e.g. new product development, protocol development, creative patient service).
* intellectual contribution through teaching and/or research.
* custodianship contribution through support of fellow optometrists (e.g. mentoring) and/or improvement of relations between optometry and associated professions.
* advocacy contribution, increasing the standing of optometry among community, government (e.g. campaigning for expanded funding, scope of practice, professional support).
* community contribution through voluntary outreach and/or sustainability activities.
* evidence of humility, kindness and compassion within practice.
* being a person of high standing within the community, as evidenced by patient and/or peer professional references.

 **Who can nominate:**

 A member of OVSA who is or has been an AHPRA registered Optometrist. Members may self-nominate or be nominated by another OV/SA member; however, the application form must be completed by two independent people (at least one OV/SA member, neither being the nominated person).

**Date application sent:**

|  |
| --- |
| **Details of the member to be nominated** |
| Full name |  |
| OV/SA Member Number |  |
| Address |  |
|  |
| Mobile |  |
| Email |  |
| Does the nominee have an active disciplinary condition on their AHPRA membership? | **Y / N** |
| Does the nominee identify as Aboriginal and/or Torres Strait Islander origin? |  **Aboriginal Torres Strait Islander** **Both Neither** |

Reasons for nomination (please attach additional pages as required):

**1.** **What is your connection with the nominee? Please indicate whether you know this person at a personal level.**

**2.** **Please describe the meritorious contributions of long and distinguished service by the Member to optometry or the profession of optometry. (Limited to 1000 words)**

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| --- |
| **Details of the people nominating** |
| **Contact 1** |
| Full name |  |
| Address |  |
|  |
| Mobile |  |
| Email |  |
| **Contact 2** |
| Full name |  |
| Address |  |
|  |
| Mobile |  |
| Email |  |

**Apart from the two contacts listed, would there be anyone else who would be happy to be contacted regarding this nomination?**