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OV/SA Awards Nomination Form

**Rising Star** and **Optometrist of the Year Awards**

**Description of the awards:**

**Rising Star Award - Early Career Optometrist** (up to 10 years from graduation)

and

**Optometrist of the Year Award** (open to all OV/SA members)

These awards celebrate any of the wide range of significant contributions that an individual has made to the optometry profession. Examples include:

* member who has been involved in the creation of an innovative or otherwise valuable product, service or knowledge.
* member with an outstanding contribution in areas such as community outreach, climate change and recycling initiatives or Aboriginal and Torres Strait Islander engagement.

**Who can nominate**

A member of OV/SA 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 themselves).

**Date applications close:** 5 July 2024.

**Date application submitted:** *(please insert)*

|  |  |
| --- | --- |
| **Details of the member to be nominated** | |
| Full name |  |
| OV/SA Member Number |  |
| Address |  |
|  |
| Mobile |  |
| Email |  |
| Nominating for which Award? *Please circle* | **Rising Star Award Optometrist of the Year Award** |
| 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? *Please circle* | **Aboriginal Torres Strait Islander**  **Both Neither** |

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

**Reasons for nomination:**

Please complete all of the following questions for your application to be valid.

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

**2.** **Describe the significant contributions of this nominee to optometry** (limit to 1000 words).

**3.** **Apart from the two contacts listed, would there be anyone else who would be happy to be contacted regarding this nomination?** Please supply name, email and mobile number.

Please email the above information before 5pm on the closing date **5 July 2024** to [office.vicsa@optometry.org.au](mailto:office.vicsa@optometry.org.au?subject=OV/SA%20Membership%20Awards%20nomination) with the subject heading ‘OV/SA Awards nomination’