

# **ANZAOS Registrar Excellence Award – Nomination Form**

## **SECTION A — NOMINATOR DETAILS**

Full Name:

Position/Title:

Registration Number:

Institution/Practice/Hospital:

Email:

Phone Number:

How long have you worked with the nominee?

Capacity in which you supervised/worked with nominee:

## **SECTION B — NOMINEE DETAILS**

Full Name:

Year of Specialist Graduation:

Training Program/University:

Country of Qualification:

Current Place of Practice:

## **SECTION C — NOMINATION QUESTIONS**

1. Why does the nominee deserve the award?

2. What has the nominee done exceptionally well?

3. How has the nominee enhanced the specialty of Oral Surgery?

## **SECTION C — CONTINUED**

4. Provide an example of professionalism, leadership, or excellence.

5. Additional information for the judging panel.

## **SECTION D — DECLARATION**

I confirm that the information provided is accurate and that I have supervised/worked with the nominee for at least 12 months.

Signature:

Date: