

## **Midwife of the Year Award**

### **Dorothy Edwards Memorial Award for Outstanding Achievement in Nursing/Midwifery Management**

These awards are presented to Nurses/Midwives at the Lismore Base Hospital who have demonstrated outstanding qualities as clinicians, mentors, leaders or educators.

We are looking for an exceptional individual who deliver's outstanding patient care. Someone who pursues excellence in nursing/midwifery, has delivered positive outcomes in the face of adversity, or has performed above and beyond the expectations of their role.

Each nominee must be sponsored by two referees (nominators). Each referee should be able to supply a detailed account of the nominees practice and what particular attributes make them an exemplary candidate for this award.

The nominations will be judged by a panel of Nurses/Midwives as outlined in the Terms of Reference. A Trophy will be awarded and the winner will have their name inscribed on a Perpetual Shield which represents the Dorothy Edwards Award for Clinical Excellence. The winner will also receive an education scholarship up to the value of \$2,000.

Nominations for the Nurse/Midwife of the Year Award will be called for at the commencement of each calendar year. Nominations will close on the 21st April. The winner will be announced at a celebratory function in the Women's Care Unit each year on the 5<sup>th</sup> of May for the International Day of the Midwife.

## **A little about Dorothy Edwards:**

Dorothy Edwards was a past Maternity Manager at the Lismore Base Hospital. Dorothy was a triple certificate registered nurse and midwife. Dorothy's career saw her travel to Far North Queensland and many remote locations in Queensland before becoming the Maternity Manager at Lismore Base Hospital. Dorothy was responsible for setting up the Special Care Nursery at Lismore Base Hospital and having a designated Nurse Unit Manager.

Dorothy is fondly remembered for her managerial skills and excellent clinical skills by many midwives still working at Lismore Base Hospital.

Dorothy's husband Noel has donated this money so that midwives and nurses at the Lismore Maternity Unit can have the opportunity to increase their clinical skills with ongoing professional development in the profession that she loved.

## **Nominations:**

Nominees and their sponsors should complete the attached package and return by the closing date provided.

For any further information, please contact:

Rebekka Battista  
Our Kids Fundraising Coordinator  
Our Kids Office  
Ph: 6620 2705  
Email: [NNSWLHD-OurKids@health.nsw.gov.au](mailto:NNSWLHD-OurKids@health.nsw.gov.au)

**Midwife of the Year/New Graduate Midwife of the Year Award**  
**Nomination Form**

**Details of person being nominated (the nominee)**

Name: \_\_\_\_\_ Designation ( RN, RM,) \_\_\_\_\_  
Work location: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work email: \_\_\_\_\_

**Details of person(s) submitting nomination (the nominators)**

*The nominators may be the same person as the nominee*

**Nominator -1**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Work location: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Relationship to Nominee:

- Colleague
- Patient/client/consumer
- Supervisor
- Health professional
- Other-: \_\_\_\_\_

**Nominator -2**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Work location: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Relationship to Nominee:

- Colleague
- Patient/client/consumer
- Supervisor
- Health professional
- Other-: \_\_\_\_\_

**Details of DON or ADON, Director, Senior Manager who supports the nomination.**

Name:

Position:

Work location:

Organisation:

Work Phone:

Work Email:

**Signature** \_\_\_\_\_

## Midwife of the Year/New Graduate Midwife of the Year Award

Please complete the following; write in the spaces provided for the year 2018/19

### Nominator -1

1	List the significant contribution the nominee has made to their profession, locally, nationally and/or internationally in their area of practice in the year 2018/19  <b>100 word limit</b>	
2	List the significant contributions the nominee has made to improve patient/client care & outcomes either through exceptional clinical, education, management or research skills.  <b>100 word limit</b>	
3	Provide evidence of the nominee's commitment and understanding to the code of conduct for their profession.  <b>100 word limit</b>	
4	Provide evidence of the nominee's drive for professional development and improvement of self and others including patients/clients.  <b>100 word limit</b>	
5	List any other relevant information that demonstrates how the nominee contributes to their profession above and beyond that of their peers.  <b>100 word limit</b>	

## Nominator - 2

1	<p>List the significant contribution the nominee has made to their profession, locally, nationally and/or internationally in their area of practice in the year 2018/19</p> <p><b>100 word limit</b></p>	
2	<p>List the significant contributions the nominee has made to improve patient/client care &amp; outcomes either through exceptional clinical, education, management or research skills.</p> <p><b>100 word limit</b></p>	
3	<p>Provide evidence of the nominee's commitment and understanding to the code of conduct for their profession.</p> <p><b>100 word limit</b></p>	
4	<p>Provide evidence of the nominee's drive for professional development and improvement of self and others including patients/clients.</p> <p><b>100 word limit</b></p>	
5	<p>List any other relevant information that demonstrates how the nominee contributes to their profession above and beyond that of their peers.</p> <p><b>100 word limit</b></p>	

**1 - Nominator's statement**

I certify that the information provided in this nomination is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2 - Nominator's statement**

I certify that the information provided in this nomination is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Closing date: 5pm, 21st April 2019**

Please return your completed nomination (via email/ mail) to

Email: [NNSWLHD\\_Ourkids@health.nsw.gov.au](mailto:NNSWLHD_Ourkids@health.nsw.gov.au)