I, *(insert full name of individual or team nominated),*

**DECLARATION BY NOMINEE**

(or representative for a team nomination)

have been nominated for the 2019 ACT Nurses and Midwives Excellence Awards and I accept the nomination terms and conditions as described in the 2019 Guidelines.

I confirm that I (and all the team members) am/are currently registered as a nurse and/or a midwife with the Nursing and Midwifery Board of Australia.   
Signature:

Full Name:

Title:

Date:

|  |  |
| --- | --- |
| Contact details | |
| Home address |  |
| Current designation & level:  EN, RM, RM |  |
| Current employer and area of practice |  |
| Preferred email address |  |
| Preferred phone/mobile number |  |

Please save this declaration form in .pdf using the format **FAMILY NAME\_DDMMYY\_Name of Document** (example: Jones\_070119\_Supervisor Declaration).