****

**DHAA Oral Health Award**

**Nomination Form 2024**

Proudly sponsored by

****

The DHAA is recognising oral health practitioners who are making a meaningful contribution to our profession with the annual DHAA Oral Health Award.

Dental hygienists, oral health therapists and dental therapists share a focus on prevention, and collectively are known as oral health practitioners.

This award recognises the excellent contribution of oral health practitioners at the grass root level in improving health outcomes and the well-being of the general public.

This award seeks to tell the stories of the vital work of the quiet achievers within the oral health profession.

|  |
| --- |
| **About the Nominee** Name …………………………………………..Email ……………………………………………Current role/job …………………………………………………………………………………………….  |
| **Eligibility**A current DHAA member, and has proven accomplishments in one or more of the following aspects (please tick all the apply to this nomination):* + Community service - making a difference to the community
	+ Leadership - innovating, inspiring and mentoring others within the profession
	+ Research and education - breaking new grounds, provision of positive and enriching learning for the profession and the general public
	+ Clinical excellence - advocating and pioneering best practice
	+ Volunteering - to improve oral health in Australia or overseas
	+ Service to the DHAA - selfless and generous contribution to the DHAA
 |
| **Nominee DHAA membership status (*please select one*)** full member / graduate member / life member / honorary member / student member |
| **Reasons for the nomination and evidence of activities and accomplishments (please provide attachments as appropriate):** |
| **Impact of the reported accomplishments on the health and wellbeing of the public or the oral health profession:** |
| **The extend of work undertaken that goes above and beyond the nominal activities of the nominee’s paid role(s):** |
| **Referee**Name ………………………………………………………….. Phone …………………………………….Email …………………………………………………………Position and relationship with nominee |
| **Nominator (you)**Name ………………………………………………………….. Phone …………………………………….Email …………………………………………………………Position and relationship with nominee |

Please note that:

* All nominees must be members of the DHAA.
* Sitting State and Federal Chairs and Directors are not eligible
* Anyone may submit a nomination with the candidate's permission.
* Nominations must clearly document why the candidate should be considered, above all others, for these distinguished awards.
* All nominations must contain sufficient evidence of achievement:

project details, community/patient/organisation testimonials to inform the selection process without additional research. (1x A4 page + attachments)

* Must include the details of a referee for the nominee from current or former colleagues, employers, editors, students or associates.
* A nominee need only be nominated once to be considered

Please email the completed form to ceo@dhaa.info by 14 September 2024.