

SILVER FERN AWARD

The NZIHM is now calling for nominations for the Silver Fern Award. This Award is offered annually. The objectives of the NZIHM Silver Fern Award are:

- ∞ To promote and motivate the pursuance of excellence in the management of health services in New Zealand.
- ∞ To recognise outstanding effort and achievements in the management of health services in New Zealand.

The criteria for nominating a member of NZIHM for the Award are as follows:

1. Be a member of the NZIHM/Australian College of Health Service Executives.
2. Be nominated by at least three Fellows/Associate Fellows of the College on the attached application form.
3. To have been a long standing supporter of NZIHM/ACHSE and its objectives.
4. Show leadership and achievement in the areas of:
 - * Patient care, either at their own hospital or health services organisation, or in the health services field.
 - * Professional development for better health services management in their organisation or in the health services industry.
 - * Management and organisational development, either in their own health service organisation or in the health services industry.
 - * Health services activities, ie: initiated and participated in activities to improve health service delivery in their own organisation or in the health services industry.
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Selection

Individuals may not nominate themselves. Rather, nominations are sought of individuals who might be entrants. Applications can be obtained from the NZIHM National Office, which outlines in detail the criteria for nominations.

Judging Panel

A panel comprising the NZIHM National President, the Vice-President, Treasurer and a representative from ACHSE Federal Council will review nominations.

The Award

The award will be presented together with a citation at the NZIHM Annual General Meeting.

Nominations to be sent to:

NZIHM National Office
P O Box 11 071
Wellington

NEW ZEALAND INSTITUTE OF HEALTH MANAGEMENT

**SILVER FERN AWARD
FOR EXCELLENCE IN HEALTH SERVICE MANAGEMENT**

Candidate:

Full Name:

Title:

Organisation:

City:

NZIHM Silver Fern Award Nomination Form

1. In an attached narrative, please give a brief statement about the candidate describing why you believe he/she merits consideration for the Award.
2. What status does the candidate currently hold in the NZIHMA/ACHSE?

Fellow

Associate Fellow

3. Is the candidate presently a health services manager? (Candidates must be currently involved in health services management.)

Yes No Don't Know

4. To the best of your knowledge, will he/she be present at the NZIHMA Annual General Meeting when the award will be made?

Yes No Don't Know

5. In your opinion, has the candidate shown constructive support of NZIHMA in its programs?

Yes No Don't Know

If yes, in which ways has he/she shown such interest?

6. List local, community and national hospital or health service organisations in which the candidate has been active. Designate offices or leadership positions held.

7. State if the candidate is the author of published articles, books or professional papers. Identify major titles.

8. List any other extraordinary honours or distinctive awards that have been accorded the candidate.

9. The NZIHM Silver Fern Award Committee is interested in a documented narrative describing leadership accomplishment in several of the following five major areas:

- (a) Contribution to NZIHM/ACHSE activities.
- (b) Patient Care
- (c) Professional Development
- (d) Management and Organisational Development
- (e) Health Services Activities.

Please state fully in an *attached* narrative the achievements this candidate has made in these areas.

10. To the best of my knowledge (candidate's name) is altogether deserving of consideration for the NZIHM Silver Fern Award for Excellence in Health Service Management.

Principal Sponsor's Name: _____

Title: _____

Organisation: _____

Address: _____

City: _____

Telephone No: _____

Signature: _____

Nomination also supported by the following two supporters:

Supporter's Name: _____

Title: _____

Organisation: _____

Address: _____

City: _____

Telephone No: _____

Signature: _____

Supporter's Name: _____

Title: _____

Organisation: _____

Address: _____

City: _____

Telephone No: _____

Signature: _____