



NOMINATION FORM

Nominations for all Awards should be marked “confidential” and made without the knowledge of the nominee.

All nominees must be current financial members of the WA Occupational Therapy Association.

Award nominated:

- Lorna Sherlock
- Elizabeth Adams Bequest
- Pioneer’s Award
- Recognition of Service - General
- Recognition of Service - Rural
- Recognition of Service - Student
- OT Entrepreneur of the Year
- Young Therapist Award
- Clinical Excellence in Mental Health Award
- Clinical Excellence in Paediatrics Award

Nominee (recipient):

First Name:

Last Name:

Address:

Work Address:

Email Address:

Nominator: This nomination is submitted by (name of person or organisation)

Name:

Tel. No.:

Email Address:

This nomination is supported by the following referees:

1. Name:

Tel. No.:

Email Address:

2. Name:

Tel. No.:

Email Address:

Nominee's involvement with organisations within the past 5 years - include positions held, name of organisations and period involved - and contributions to Occupational Therapy.

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Please state briefly what you consider to be your nominee's most valuable single contribution to promoting Occupational Therapy.

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It is the responsibility of the nominator to ensure that their nominee attends the WA Occupational Therapy Association Breakfast 2015.

Signature of Nominator Date:

Optional:

I/We agree that the details on this nomination may be used to promote OT Week. Yes/No

Please return this nomination form by COB 16th October 2015 to:
WA Occupational Therapy Association
4A, 266 Hay Street, Subiaco, WA 6008
Tel: (08) 9388 1490 Fax: (08) 9388 1492 Email: info@waota.com.au