



# NOMINATION FORM

## ADAVB AWARDS

**NOMINEE:** \_\_\_\_\_

(The nomination should be made without informing the nominee)

**PROPOSERS:**

The nomination requires two proposers, who may only propose one nominee. Note that each proposer, if an ADAVB Member, MUST provide their ADA membership number for a valid nomination.

	NAME	MEMBERSHIP NUMBER
1.	_____	_____
2.	_____	_____

**PURPOSE**

This form allows for identification of potential persons to be considered by the Honours and Awards Committee for recommendation to Branch Council and others for various awards, such as the ADAVB Award for Distinguished Service, Order of Australia Nominations and Professions Australia awards.

**NOMINATION CRITERIA**

The candidate should have made a significant contribution to furthering the profession in Victoria in one or more of the following:

- i. a particular field of dentistry
- ii. to the ADA
- iii. to dentistry as a whole
- iv. to the community as a whole.

**HOW TO NOMINATE**

Please fill in this nomination form and attach:

- 1. typed notes, suitable to be used as a citation, stating why you believe the nominee is worthy of an ADAVB Award
- 2. the nominee's CV including any awards from the ADAVB and others
- 3. any relevant references

*Please return to the Chief Executive Officer at the Branch office:  
Level 3, 10 Yarra Street, South Yarra, Vic, 3141  
(PO Box 9015, South Yarra, Vic, 3141)  
Fax: 03 8825 4644*