

## Zoran Georgievski Medal Nomination Form

The Zoran Georgievski Medal commemorates the life, professional career and outstanding commitment to the profession of Orthoptics by Associate Professor Zoran Georgievski. The Zoran Georgievski Medal recognises a member of Orthoptics Australia for their substantial contribution to furthering the profession of Orthoptics.

In choosing to nominate an individual for the Zoran Georgievski Medal, the nominator must ensure that the proposed recipient fully meets the criteria described in the guidelines for this award.

### Section A: Details of Nominator

Family Name:			Title:	
Given Names:				
Mailing Address:				
Telephone (Home):		(Work):		
Email Address:				

### Section B: Details of Proposed Awardee

Family Name:			Title:	
Given Names:				
Mailing Address:				
Telephone (Home):		(Work):		
Email Address:				
Previous Awards Received				

Do previous awards relate to the work associated with this medal?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Current member of the association?	Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
Is the proposed recipient aware of the nomination?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

\* Note: The proposed recipient must be a member of the association for a minimum of 5 consecutive years



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## Section C: Service to the Profession

Indicate below which criteria the proposed recipient meets to be nominated for this award. More than one item can be selected.

<input type="checkbox"/>	Promoting the practice of Orthoptics through professional service
<input type="checkbox"/>	Demonstrating excellence in mentoring orthoptic students in education and training, professional and personal development, and career guidance
<input type="checkbox"/>	Demonstrating innovation in service delivery
<input type="checkbox"/>	Applying novel application of applied research methodologies to professional practice
<input type="checkbox"/>	Demonstrating a positive impact on eye health delivery systems
<input type="checkbox"/>	Developing creative educational programs for practice
<input type="checkbox"/>	Developing novel or creative activities to advancement of Orthoptics

## Section D: Details of Service to the Profession (Nomination Statement)

Please provide details of the nominee's service which are considered particularly worthy of recognition. Please use the space below or attach a separate document with your statement. Where possible be explicit with years of service, sequence of years and nature of the work. You should also consider the following questions in developing your justification:

- In what role(s) has the nominee excelled?
- How has the nominee demonstrated 'outstanding service'?
- How has the nominee's contribution impacted upon the association and/or profession?

## Section E: Referees

Please provide the contact details of two referees who are willing to attest to the nominee's service. At least one of these referees must be a financial member of Orthoptics Australia. Reference letters or referee statements supporting the nomination are encouraged from both referees. A minimum of one written reference must be received.

### Referee 1

Family Name:			Title:	
Given Names:				
Mailing Address:				
Telephone (Home):		(Work):		
Email Address:				
Nature of Relationship:				

Has the referee provided a letter of reference?

Yes

No

### Referee 2

Family Name:			Title:	
Given Names:				
Mailing Address:				
Telephone (Home):		(Work):		
Email Address:				
Nature of Relationship:				

Has the referee provided a letter of reference?

Yes

No



## Section F: Nominator Declaration

I certify that the information provided in this application is correct and complete.

Applicant's Signature:

Date:

Completed nomination forms should be submitted to [office@orthoptics.org.au](mailto:office@orthoptics.org.au).



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