 THE PERINATAL SOCIETY OF

AUSTRALIA & NEW ZEALAND

 www.psanz.com.au

**Eligibility for PSANZ Neonatal Nursing/Midwifery Award 2025**

**NURSING/MIDWIFERY MANAGER ENDORSEMENT FORM**

**Nominee Name:**

**Nominee email, Ph. # or other contact details:**

**Membership Discipline (Select ONE of):** Midwifery / Neonatal Nursing / Both

The above nominee confirms that (please check boxes to confirm):

[ ]  They are a current financial member of PSANZ

[ ]  They led the project (may have been other team members involved)
[ ]  They are the first author AND presenter of the submitted abstract

[ ]  They have only nominated 1 abstract for consideration for a Nursing/Midwifery award

[ ]  They will be present at the closing ceremony when the awards are announced

[ ]  They have not been awarded a PSANZ New Investigator Award (NIA) previously

[ ]  They have not been 1st author on an abstract or publication dated earlier than past 5 years

[ ]  They do not hold hold a university academic appointment higher than Level B (Tutor,
 Lecturer, Research Fellow), or a university adjunct appointment higher than Adjunct
 Lecturer or Adjunct Research Fellow

The project the nominee led and will present at PSANZ is best described as: (select project type- more than one type can be selected if applicable):

|  |
| --- |
| [ ]  Quality improvement/assurance (QI/QA) project that led/would lead to practice change in their perinatal clinical area. Examples include: audit of existing midwifery or nursing practice, Agency for Clinical Innovations Essentials of Care project[ ]  Education initiative that was piloted, introduced and evaluated in their perinatal clinical area[ ]  Trial of a new product/policy/guideline in their perinatal clinical area[ ]  Nurse or midwife led project[ ]  Research project conducted within a research higher degree  |
| Ethical approval received: [ ] Yes [ ]  No [ ]  Not applicable  |

Applicant Signature Date / /

Manager/research supervisor Name

Manager/research supervisor Signature Date / /

Contact Telephone number

\*\*\*Please upload completed form with online submission.