



**ANZCA**  
FPM

**AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS  
& FACULTY OF PAIN MEDICINE**

# Awards nomination form

## Private and confidential

Submitted in confidence to the Awards Advisory Panel at [membership@anzca.edu.au](mailto:membership@anzca.edu.au)

## Awards

A broad submission outlining the contributions and achievements of nominees is required to be completed on the nomination form. You do not need to select an award.

Robert Orton Medal

ANZCA Star

ANZCA Medal

ANZCA Recognition

ANZCA Council Citation

## Nominee details

If successful, I agree for my details to be shared with the recipient: Yes No

Name

College ID

Email

Phone

*Please attach nominee's curriculum vitae*

## First nominating fellow

If successful, I agree for my details to be shared with the recipient: Yes No

Name

College ID

Connection to nominee

Email

Phone

*Please attach a supporting nomination letter*

## Second nominating fellow

If successful, I agree for my details to be shared with the recipient: Yes      No

Name

College ID

Connection to nominee

Email

Phone

*Please attach a supporting nomination letter*

## Third nominating fellow

If successful, I agree for my details to be shared with the recipient: Yes      No

Name

College ID

Connection to nominee

Email

Phone

*Please attach a supporting nomination letter*

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## Date of submission

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Please return this form and all supporting material to the ANZCA Awards Advisory Panel  
**membership@anzca.edu.au**

Nominee's CV is attached

Three supporting nominating letters are attached