

Dan Haslam Memorial Award

Nomination for Award

Instructions

Please complete all relevant sections. For the qualitative criteria, the response to each criterion is limited to a maximum of 200 words. You may include links to supporting evidence where appropriate. Fields marked with an asterisk* are mandatory.

Applicant Details (Person providing the nomination)

Prefix (eg, Dr, Mr, Ms, Prof): _____

Full Name *: _____

Occupation: _____

Address: _____

Mobile Number *: _____

Email Address *: _____

Relationship to the Nominee (if applicable): _____

Date (DD/MM/YYYY) *: _____ **Signature *:** _____

Nominee Details

Prefix (eg, Dr, Mr, Ms, Prof): _____

Full Name *: _____

Occupation: _____

Address: _____

Mobile Number: _____

Email Address: * _____

Nomination Criteria (200 words max per criterion)

For each criterion below, provide a concise description of how the nominee meets the criterion (max 200 words per criterion). Include links to evidence where appropriate (eg, publications, media coverage, letters of support).

Significant contribution to the Australian medicinal cannabis sector in areas such as research, advocacy and awareness

Demonstrated compassion and commitment towards improving patient access and outcomes

Efforts resulting in tangible progress, such as legislative change, community education or improved access for patients

Embodiment of the values of courage, empathy and leadership

**Acting with patientcentred focus demonstrating integrity, service, ethics and compassion
(key criterion)**

Declaration

I declare that the information provided in this application is true and correct to the best of my knowledge. I consent to the information being used by the Judging Panel for the purposes of assessing this nomination.

Applicant Name: _____ **Signature:** _____

Date: _____

Optional Supporting Documents / Links

Link or reference 1: _____

Link or reference 2: _____

Link or reference 3: _____