[](https://npsmedicinewise.sharepoint.com/ws/p/0013_ChoosingWisely/CWImages/Logo%20-%20CWA/Choosing%20Wisely%20logo%20official.jpg) [](https://npsmedicinewise.sharepoint.com/ws/p/0013_ChoosingWisely/CWImages/Logo%20-%20CWA/NPS%202017%2006/NPS-MW-ID-RGB.jpg)

**NATIONAL CHOOSING WISELY CHAMPION NOMINATION FORM**

**Please fill in the following details about the nominee and send to** [**choosingwisely@nps.org.au**](mailto:choosingwisely@nps.org.au) **by COB Tuesday 15 March 2022.**

|  |  |  |
| --- | --- | --- |
| **Name** | | **Position** |
|  | |  |
| **Organisation** | | **Role in Choosing Wisely** |
|  | |  |
| **Reason(s) for nomination**  *How has the nominee supported the principles of Choosing Wisely Australia* *in their workplace or network?*  *Provide details of the activity / situation, for example:*   * *Name of activity / situation (if applicable)* * *How did the activity / situation come about?* * *What was the aim(s) of the activity?* * *What did the nominee(s) do?* * *What positive impact did the activity have?* | | |
|  | | |
| **Category of nomination (select most relevant)** | | |
| Health professional (individual)  Student (individual) | Consumer (individual)  Organisation or team | |

**Nominated by (key contact):**

|  |  |
| --- | --- |
| **Name** | **Position** |
|  |  |
| **Organisation** | **Role in Choosing Wisely** |
|  |  |
| **Email** | **Phone** |
|  |  |

**Nomination Checklist – to be completed by nominating organisation**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes** | **No** |
| The submission is clearly written |  |  |
| The submission is easy to understand |  |  |
| The submission has clear links to Choosing Wisely, i.e. is aligned with the principles of Choosing Wisely:   * clinician-led, * emphasizes improving quality of care, * is patient focussed and involves efforts to engage patients * is evidence based * is multi-professional |  |  |
| The submission details the work undertaken |  |  |
| The submission demonstrates positive impact |  |  |
| The submission fits within one or more of following categories: health professional, consumer, or organisation/team |  |  |

|  |  |  |
| --- | --- | --- |
| The nominee consents to their name and photo being used by Choosing Wisely for the purpose of promoting them as a Choosing Wisely Champion |  |  |
| The nominee consents to being contacted by Choosing Wisely for the purpose of promoting them as a Choosing Wisely Champion |  |  |
| The nominating organisation supports the submission for the purpose of recognising a Choosing Wisely Champion |  |  |
| The nominating organisation gives Choosing Wisely Australia permission to promote the activities associated with the nomination |  |  |