



PHAA SIDNEY SAX PUBLIC HEALTH MEDAL NOMINATION FORM



NOMINEE

I wish to nominate (title/full name): _____

Address: _____

City: _____ State: _____ Postcode: _____

Telephone (home): _____

Telephone (work): _____

Email: _____

NOMINATOR

Nominated by (title/full name): _____

Address: _____

City: _____ State: _____ Postcode: _____

Telephone (home): _____

Telephone (work): _____

Email: _____

Acceptance by Nominee

I agree / I do not agree (please select) to the above nomination. I understand that the judges' decision is final and that no correspondence will be entered into in respect of the decision.

Please sign: _____ or send your acceptance by email.

Please ensure that you have completed all relevant details on this form.
The form must be accompanied by a testimony of no more than 2000 words and must address both eligibility and other criteria for the Sidney Sax Public Health Medal

Please print, scan and email the completed form and testimony to Michael Moore at mmoore@phaa.net.au or by fax at 02 6282 5438
by cob 23 June 2011 latest.

