

# Attachment A: Giles Medal Nomination Form

## Important Preamble

Please note the following conditions before you complete this nomination form. Failure to comply with these conditions may result in a nomination being ruled invalid.

1. All nominations and relevant supporting information must be kept in confidence, including from ACA office-bearers, ACA organisational and conference stakeholders and from the individual nominee for the award.
2. Any requests for any assistance toward completion of any aspect of the nomination process or nomination form and its appendices must only occur through the office of the ACA CEO.
3. Nominators must complete all aspects of the nomination form personally. This includes preparation of all related attachments.
4. Submission of the nomination documents occurs by the due date. Late nominations will not be considered for the current year but may be considered for the following year.

## Nominator Details

First name:  Last name:

Address:

State:  Postcode:  Country:

Email:

Qualifications:

Awards: Please specify year(s) awarded

Healthcare registration number:  Country:

Current appointments/professional roles:

**Declaration:** I  hereby declare that I do not have a personal or financial relationship with the nominee I have selected for the Giles Medal.

**Signature:**

**Date of birth:**

## Seconder Details

**First name:**

**Last name:**

**Address:**

**State:**

**Postcode:**

**Country:**

**Email:**

**Qualifications:**

**Awards:** Please specify year(s) awarded

**Healthcare registration number:**

**Country:**

**Current appointments/professional roles:**

**Declaration:** I  hereby declare that I do not have a personal or financial relationship with the nominee I have selected for the Giles Medal.

**Signature:**

**Date of birth:**

## Nominee Details

**First name:**  **Last name:**

**Address:**

**State:**  **Postcode:**  **Country:**

**Email:**

**Qualifications:**

**Awards:** Please specify year(s) awarded

**Healthcare registration number:**  **Country:**

**Current appointments/professional roles:**

There are 4 appendices to the nomination form. It is necessary to attach all appendices. The appendices should use 12-point times roman font, single-spaced and be formatted to A4 pages with 2cm margins top and bottom left and right.

## Appendix A - Case for the award

Please provide a narrative description of the research activities, achievements, direct outcomes and esteem measures that evidence the outstanding quality (by international standards) of the nominee's research and relevance to healthcare and or the practice of chiropractic. The narrative is to be written for the public (lay terms) and limited to a single page. You must address how the body of work impacts on one or more of the following criteria:

- enhancement of knowledge and understanding of mechanisms that enable good health,
- contribution to the reliability and validity of patient assessment or diagnosis and or
- improvement of the efficacy of the treatment and management of patients.

## Appendix B - Nominee's 5 best publications

For each of the 5 best publications a brief narrative of up to half a page that describes the significance of the specific work to health care and on what basis it is considered to be outstanding by international standards.

This would normally include indicators and esteem factors such as, but not limited to; i) International ranking of journal in which the paper is published, ii) citation in and high quality evidence ranking by a Cochrane systematic review, iii) cited in evidence/used to construct clinical guidelines or code of clinical practice endorsed by an international health advisory body (eg affiliation with world health organisation or like), national government or regulatory body, iv) primary evidence as to how the research changed practice, v) Citation of work in internationally recognised textbooks in the preclinical or clinical sciences.

## Appendix C – 5 best publications

Please provide an electronic (PDF) copy of each of the 5 best publications referred to in Appendix B.

## Appendix D – Full publications list

Please provide a complete list of all publications authored by the nominee as listed on Pubmed. This may also include additional information such as conference presentations, commentaries, books or book chapters.

## Office Use (Office of ACA CEO)

Confirmation of nominees registration:  Yes  No

Confirmation of nominees good institutional standing:  Yes  No

Name of contact person at institution:

Confirmation of nominees good public and professional standing:  Yes  No

Name of contact person and relevant background:



CEO office administrators name:

Signature:

Date: