|  |
| --- |
| **G:\Research Strategy\Community Engagement\Sally Crossing AM Award\NSW_LOGO_BLUE&YELLOW_CMYK_REFERENCE ONLY.jpgSally Crossing AM  Award for an Outstanding Outcome in Cancer Research Nomination Form (for reference only)** |

**This document is for reference only. Nominations will only be accepted via our online nomination form.**

This award is dedicated to the memory of the late Sally Crossing AM (1946-2016). Sally was a pioneer and tireless advocate for consumer involvement in cancer research. Cancer Council NSW and Cancer Voices NSW acknowledge the extraordinary support of the Belalberi Foundation and the Crossing family in conferring this award.

## SECTION A – ADMINISTRATIVE SUMMARY

### Nominee details

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | | |
| **Full Name** |  | | |
| **Organisation** |  | | |
| **Address** |  | | |
| **State** |  | **Post Code** |  |
| **Telephone** |  | | |
| **Email** |  | | |
| **Administering Institution** |  | | |

## SECTION B – NOMINEE’S BIOGRAPHY

Please provide a brief nominee’s biography. (Maximum 150 words)

|  |
| --- |
|  |

## SECTION C – NOMINEE SELECTION CRITERIA

### C.1 Outline an outcome of your research that has made an impact to the cancer community. (Maximum 750 words)

|  |
| --- |
|  |

### C.2 Describe how Cancer Council NSW funding, with reference to specific Cancer Council NSW grant(s), contributed to your research outcome outlined in C.1 (Maximum 250 words)

|  |
| --- |
|  |

### C.3 Describe how consumers were involved in achieving the research outcome outlined in C.1 (Maximum 250 words)

|  |
| --- |
|  |

### C.4 Outline how you would utilise the award funding to further your cancer research (Maximum 150 words)

|  |
| --- |
|  |

## SECTION D – REFEREES

Provide the names and contact details of two referees the nominator has contacted who are willing to support this nomination.

### Referee 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | | |
| **Full Name** |  | | |
| **Position** |  | | |
| **Organisation** |  | | |
| **Address** |  | | |
| **State** |  | **Post Code** |  |
| **Telephone (W)** |  | | |
| **Email** |  | | |

### Referee 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | | |
| **Full Name** |  | | |
| **Position** |  | | |
| **Organisation** |  | | |
| **Address** |  | | |
| **State** |  | **Post Code** |  |
| **Telephone (W)** |  | | |
| **Email** |  | | |

**SECTION E - CERTIFICATION**

**Privacy Notice**

Nominees (researchers/clinicians and administering institutions) consent to the information supplied as part of their nomination being disclosed for the purposes of the assessment of their nomination and for purposes connected with the making and administration of the award. Such disclosure includes, but is not limited to, disclosure to members of independent assessors requested to provide advice, and relevant representatives and employees of the Cancer Council NSW and Cancer Voices NSW. Cancer Council NSW may publicise and report on the awarding to, and the use of, the funds including media releases, general announcements and annual reports.

Documents containing personal information are handled and protected in accordance with the provisions of the Privacy and Personal Information Protection Act 1998 which sets standards for the collection, storage, use and disclosure of, and access to, personal information.

**Certification by Nominee**

I certify that:

1. To the best of my knowledge and belief, information contained in this nomination is complete, true and correct and can be independently verified by Cancer Council NSW if required. I understand that the provision of false or misleading information may attract substantial penalties.

2. I consent to this nomination being reviewed by persons who will remain anonymous.

3. I consent to the use of my photograph taken at the awards evening for publicity purposes.

4. I have read and agreed to the Privacy Notice above.

|  |  |
| --- | --- |
| **Name** | **Date** |
|  |  |