

PALLIATIVE CARE IN WA

Awards 2025

Nomination form



Palliative Care
Western Australia
Living, dying & grieving well

1. Person submitting the application

Full name: _____

Role: _____

Organisation (if applicable): _____

Email address: _____ Phone: _____

2. Nominee (individual, team or organisation)

Full name (or contact person): _____

Role: _____

Team name (if applicable): _____

Organisation (if applicable): _____

Email address: _____ Phone: _____

3. Which award are you nominating for?

- ☐ Outstanding Palliative Care Professional – Individual – **sponsored by Parkinson's WA**
- ☐ Outstanding Palliative Care Volunteer/s – Individual or Team – **sponsored by Brightwater Care Group**
- ☐ Outstanding Work by a Team Delivering Palliative Care – Team – **sponsored by Bethesda Health Care**
- ☐ Outstanding Achievement in Palliative Care for Aboriginal Communities – Individual or Team – **sponsored by St John of God Health Care**
- ☐ Emerging Leader in Palliative Care (Professional or Volunteer) – Individual – **sponsored by Melville Cares and Western suburbs Cares, proudly part of Cares Communities**
- ☐ Outstanding Organisation Delivering Holistic Palliative Care Award and winner of the Douglas MacAdam Perpetual Trophy for Excellence in Palliative Care – **sponsored by Carers WA**

4. Addressing selection criteria

How has the individual, team or organisation:

1. **Demonstrated excellence in the delivery of holistic palliative care and/or a compassionate community approach?** (maximum 300 words)

2. Respectfully engaged with clients from Aboriginal and/or culturally diverse communities? (maximum 300 words)

3. Explored innovative approaches to delivering holistic palliative care? (maximum 300 words)

4. Partnered and/or collaborated with individuals, teams, organisations and communities in the pursuit of holistic palliative care and/or a compassionate communities' approach? (maximum 300 words)

5. Approval by nominee or person with authority

Please tick as appropriate:

- ☐ I am the nominee and approve the submission of this nomination.
- ☐ I am the authorised representative of the nominated team or organisation and approve the submission of this nomination.

Name: _____

Signature: _____ Date: _____

Please submit this form to Palliative Care WA at awards@palliativecarewa.asn.au
by **Friday 26 September 2025 NEW EXTENDED DATE!**

Application guidelines can be found at www.palliativecarewa.asn.au



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