### 2024 National Aboriginal and Torres Strait Islander Eye Health Conference Award Nomination Form:

The 2024 National Aboriginal and Torres Strait Islander Eye Health Awards recognise achievements and contributions in Aboriginal and Torres Strait Islander eye health. These sector awards, formerly known as the Leaky Pipe Awards, have been handed out to champions and unsung heroes in Aboriginal and Torres Strait Islander eye care annually as part of the sector’s national conferences since 2018.

The awards are aligned with the Conference theme ‘Our Vision in Action’ set by the Conference Leadership Group.

This broad theme works to highlight and promote the importance of Aboriginal and Torres Strait Islander perspectives and leadership in the eye health sector locally and nationally. The theme also promotes the need for greater First Nations leadership through community-controlled services and national governance mechanisms in play including the call to enshrine and Indigenous voice into the Australian constitution. Together this work is focused on ending avoidable blindness and vision loss for Aboriginal and Torres Strait Islander Australians.

We are pleased to open nominations for the 2024 awards, in the following categories:

* Contribution to Aboriginal and Torres Strait Islander eye health by Aboriginal Community-Controlled Health Organisations (ACCHO)
* Contribution to Aboriginal and Torres Strait Islander eye health (Individual)
* Aboriginal and Torres Strait Islander leadership in eye health
* Allyship in contribution to Aboriginal and Torres Strait Islander eye health

We are particularly interested in identifying and acknowledging the many ‘unsung heroes’ in Aboriginal and Torres Strait Islander eye health.

The 2024 National Aboriginal and Torres Strait Islander Eye Health Awards will be presented during the 2024 National Aboriginal and Torres Strait Islander Eye Health Conference, on nipaluna country, 22 - 24 May 2024.

**Selection criteria**

Selection criteria for the awards include a significant contribution and demonstrable outcomes to improve eye health for Aboriginal and Torres Strait Islander Australians.

Achievements will be measured against a broad range of criteria and can include making a difference in eye health within a clinic, community or region, participation and support for eye care improvements, supporting implementation of the Roadmap to Close the Gap for Vision and Strong Eyes, Strong Communities and contributions to other programs and initiatives within the Aboriginal and Torres Strait Islander eye health sector.

The Conference theme, ‘Our Vision in Action’, will also be reflected in the selection process.

The selection committee for the 2024 awards is comprised from members of the Aboriginal and Torres Strait Islander Conference Leadership Group.

**Nominations**

 The nomination requires

* a 300-word maximum statement in support the individual, group or organisation that is being nominated
* name and contact details of a supporting referee
* name and contact details of the person making the nomination
* Please complete the nominations form (below) and send to Indigenous-EyeHealth@unimelb.edu.au

**Nominations Close, COB 12/4/2024**

For questions, additional information, or support with your nomination, please contact us at Indigenous-EyeHealth@unimelb.edu.au

**CONTACT PERSON FOR AWARD NOMINATION**

|  |  |
| --- | --- |
| **First Name \*** |  |
| **Last Name \*** |  |
| **Email \*** |  |
| **Phone Number \*** |  |
| **Position/Job title \***e.g. Aboriginal Health Worker |  |
| **Name of Organisation \*** |  |

**NOMINATION DETAILS**

|  |  |
| --- | --- |
| **Name of Individual/ Group/ Organisation nominated**  |  |
| **Phone number of key contact for Individual/ Group/ Organisation nominated**  |  |
| **Email of key contact for Individual/ Group/ Organisation nominated** |  |
| **If Individual: is the person nominated of Aboriginal or Torres Strait Islander origin?** **If group/ organisation: Is the group/ organisation nominated Aboriginal or Torres Strait Islander controlled?** |  |

**REFEREE**

|  |  |
| --- | --- |
| **First Name \*** |  |
| **Last Name \*** |  |
| **Email \*** |  |
| **Phone Number \*** |  |
| **Name of Organisation \*** |  |

**STATEMENT OF SUPPORT**

(max 300 words)

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**Submit your nomination form to IEHU via email here**