



3M Australia New Zealand Skin Safety Award Application form 2018



1. Nominee Information

1. Full Name:

2. Position/Designation of the applicant

3. Employer:

Name of the organisation:

Address 1:

Address 2:

4. Home Address

Address 1

Address 2

5. Email address

6. Phone Number

2. Please select if you are submitting an application as an Individual or on behalf of a Clinical Team and fill in the corresponding details. Please 'Tick' the relevant box.

Individual

Clinical Team

If you 'tick' Clinical team, please provide the following:

Names and positions of the team Members

Name of the Employer

3. Project/ Program Details – Maximum word limit is 1000 words.

3.1 Purpose/objective of the project/program

3.2 Project/program description including implementation processes

3.3 Intended outcome and/or results achieved

4. Please attach supporting documentation, you may wish to attach and 'tick' the relevant box.

- 1 The project has organisational support.

- 2. The project involves and engaged, multidisciplinary skin team that includes representation from multiple disciplines, departments and/or care settings.

- 3 The project has clear accessible written prevention protocols

- 4 Program has specific targets and outcome metrics
- 5 Product formulary/imprest is comprehensive, staff accessible and user friendly with a process for ongoing review.
- 6 The project delivers creative and effective staff education.
- 7 The project delivers creative and effective patient education.
- 8 The project shows sustained results for at least one year post implementation.

I have read the 3M Australia and New Zealand Skin Safety Award Guidelines and agree to the terms and conditions of the Award.

Yes

No