

# Peter Snow Memorial Award

*Celebrating Achievement in Rural Health Research, Projects, Innovation and Service*

## NOMINATION FOR A RESEARCH PROJECT

**Nominations close 5pm, January 29, 2017**

<b>Name (nominee)</b> .....	<b>Title</b> .....
<b>Address</b> .....	<b>Telephone day</b> .....
.....	<b>Telephone evening</b> .....
<b>Email</b> .....	

**Title of research paper being submitted**

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**Author(s) of research paper**

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**Status of paper (please circle one)**

Published paper	No	Yes (please state name of journal).....
Paper submitted for publication	No	Yes (please state name of journal).....
Unpublished paper	No	Yes

**Circumstances of research (please circle one)**

Independent research	Sponsored research (please state sponsor) .....	Research undertaken as an undergraduate or postgraduate trainee	Other (please state)
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**Declaration**

I declare that I have (or that the subject of this application has) New Zealand citizenship/permanent residence
I declare that I am (please delete that which does not apply): <b>a registered doctor/nurse (please circle)</b> <span style="float: right;"><b>Current / Retired</b></span> <b>OR enrolled in an undergraduate or postgraduate medical or nursing education programme</b>
I declare that the paper/report submitted is original research carried out by me (or the applicant; and if applicable state the name of other researchers) and has been completed within the last two years.

Signature .....

Date.....

**Nominated by (two peers)**

**Nominated by**

<b>Name</b> .....	<b>Title</b> .....
<b>Address</b> .....	<b>Telephone day</b> .....
.....	<b>Telephone evening</b> .....
<b>Email</b> .....	

Signature ..... Date.....

**Seconded by**

<b>Name</b> .....	<b>Title</b> .....
<b>Address</b> .....	<b>Telephone day</b> .....
.....	<b>Telephone evening</b> .....
<b>Email</b> .....	

Signature of nominee ..... Date.....

Nominations must be received by **5pm, January 29, 2017**. Please send your nomination to:

**Administrator**  
**Peter Snow Memorial Award**  
**New Zealand Rural General Practice Network**  
**PO Box 547**  
**Wellington**  
**Or email to: [rob@rgpn.org.nz](mailto:rob@rgpn.org.nz)**