



PROGRAM & NOMINATION FORM

DENTAL ASSISTANT OF THE YEAR

AWARD PROGRAM

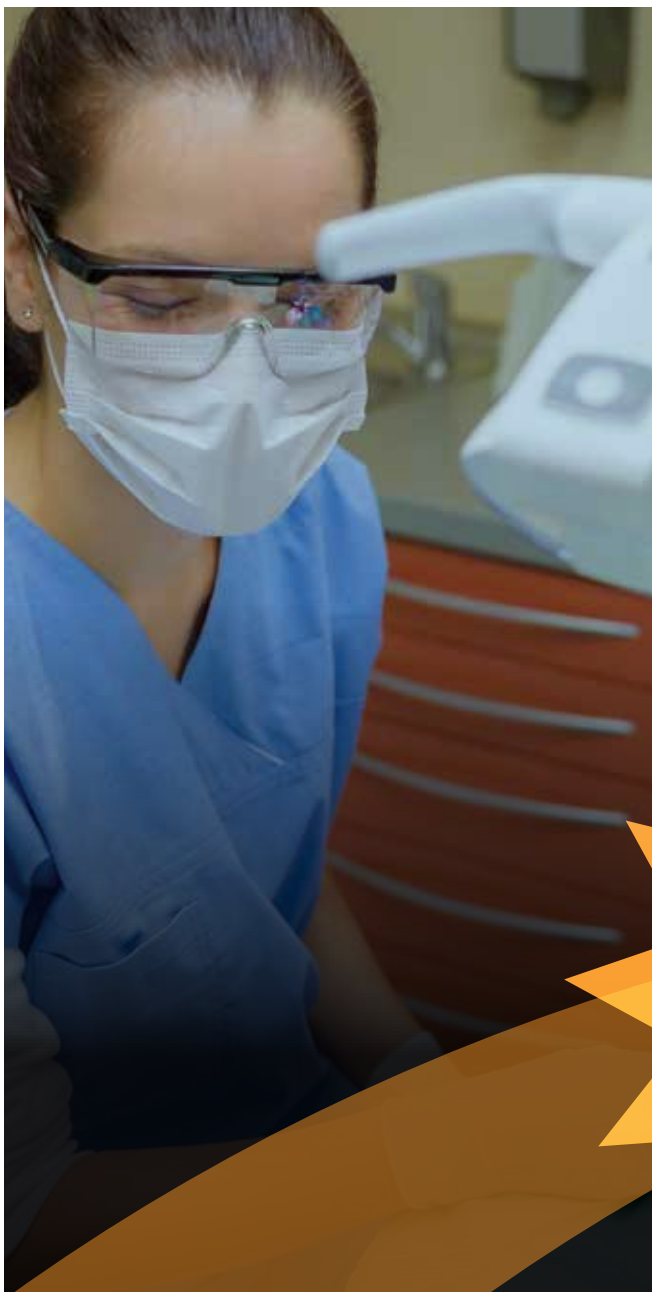


Dental Personnel Agency

..is pleased to announce and sponsor the **Dental Assistant of 2015 Award**. Dental Assistants are special people and we want to honor and recognise the best.

The Award program encourages improvement and best practice in the dental sector.

Learn about the [Dental Assistant Employee of the Year Award Program](#) and how to nominate someone...



DENTAL ASSISTANT OF THE YEAR

AWARD PROGRAM

The **Dental Assistant Employee of the Year Award Program** recognises employees (either permanent, casual or temporary) who have performed exceptionally in their role during the year of 2015.

This is open to anyone working in Australia. All nominations are welcome.



The nomination period is open from 1 December 2015. The nomination deadline is Monday 29th February 2016

*Nominations can be emailed to:
info@dentafind.com.au*

*or mailed to:
49 O'Connell Street
North Melbourne VIC 3051*


DENTAL FIND
Dental Personnel Agency

National office:
49 O'Connell Street North Melbourne VIC 3051 AUSTRALIA
P: 03 9800 2188 F: 03 9670 0175
info@dentafind.com.au www.dentafind.com.au
ABN: 48 154 972 059

ELIGIBILITY & CRITERIA

Nominees must be currently working in the role of a Dental Assistant to be considered for the award.

The inaugural award is to recognise exemplary performance of dental assisting in the dental sector. Nominees are invited from both public and private practices.

Nominees will be considered on the following basis:

- ☀ Contribution to patient care
- ☀ Standard of hygiene control
- ☀ Peer support and teamwork
- ☀ Demonstration of initiative to their employer
- ☀ Demonstration of contribution to the dental sector

Nominees must demonstrate exemplary performance of activities that are above and beyond the scope of assigned responsibilities.

Nominations must include a supporting narrative, which focuses on accomplishments achieved during 2015. Nominations without the narrative will not be considered.

Past award recipients are not eligible for the program.

SUBMISSION REQUIREMENTS

Each nomination must have a principal nominator and 1 endorsement.

An individual may serve as a principal nominator for only 1 nomination; however, a principal nominator may endorse other nominations.

All multiple nominations submitted by a single principal nominator will be invalidated.

Nominating materials will not be returned.

Nominate only one employee on each nomination form.

Narrative statements should not exceed one page.

The nomination period is open from 1 December 2015. The nomination deadline is Monday 29 February 2016. Nominations can be emailed or mailed to info@dentafind.com.au, 49 O'Connell Street North Melbourne VIC 3051

A review panel of representatives chosen by Dent-A-Find will judge the submissions and select a first, second and third finalist. The Panel will consist of a representative from the following:

- ☀ Dent-A-Find
- ☀ Community Health Practices x 3 representatives
- ☀ Private Practice x 3 representatives
- ☀ Two Dentists – one community and one private practice

Judging will take place in the middle of March 2016, with the award recipients announced by the 25th March 2016.

The Award recipients names will be published in both mainstream and social media.

AWARD PRIZES

- ☀ **Dental Assistant of the Year, first winner:**
\$1000 Myer Voucher
- ☀ **Dental Assistant of the Year, second winner:**
\$500 Myer Voucher
- ☀ **Dental Assistant of the Year, third winner:**
\$250 Myer Voucher
- ☀ **The award recipients will receive a perpetual plaque.**

Nomination form overleaf...





PROGRAM NOMINATION FORM



WE THE UNDERSIGNED NOMINATE THE FOLLOWING EMPLOYEE FOR
2015 DENTAL ASSISTANT OF THE YEAR:

Nominee's Name:	
Nominee's Workplace Name:	
Nominee's Workplace Address:	
Nominee's E-mail Address:	
Nominee's Supervisor:	
Nominee's Job Title:	
Nominee's Phone Number:	

PRINCIPAL NOMINATOR

Practice Name of Nominator:	
Contact Email:	
Contact Phone Number:	
Signature of Principal Nominator:	

(Note: The person signing here may not sign as principal nominator for any other nomination.)

FIRST ENDORSER

Name:	
Practice Name of Nominator:	
Contact Email:	
Contact Phone Number:	

ADDITIONAL DESCRIPTION (ATTACH)

Please describe in one page or less how the nominee has exemplified in their role as a dental assistant (permanent, part-time, casual or temporary) during 2015:

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