



WESTERN AUSTRALIAN RURAL HEALTH EXCELLENCE AWARDS

Community Health Professional of the Year 2026

Patient or Community Nomination Form

This award recognises a health professional who has made a meaningful difference to an individual or community through care and compassion. It provides an opportunity for patients or support persons to share personal stories that highlight the impact of exceptional care.

Selection Criteria

Please share a story that demonstrates how the nominee provided outstanding care and made a difference in the community.

1. Your Details (Nominator)

Title	
First Name	
Last Name	
Email	
Mobile Number	
Address	

2. Nominee Details (Health Professional Being Nominated)

If you are unsure of any details, please contact the admin team responsible for your health professional.

Title	
First Name	
Last Name	
Email	
Contact Number	
Organisation	
Position/Role	



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3. Endorsement Details

This can be a colleague from the same organisation as the nominee. The admin team should be able to assist if needed.

Title	
First Name	
Last Name	
Email	
Contact Number	
Organisation	
Position/Role	

4. Submitting your nomination:

If you have any questions or require assistance completing the form, please contact us on 08 6389 4500.

You can return your completed nomination via email awards@ruralhealthwest.com.au or post:

Rural Health West
PO Box 433
Nedlands WA 6909

If you are posting your nomination, please allow enough time for it to get to us. Nominations close **2 September 2025** and late nominations will not be accepted.



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5. Nomination Statement

In your own words, please share your story or experience that shows how this health professional made a significant impact on you or your community.

(Attach additional pages if required. - Max 800 words)