

## Wounds Australia Clinical Excellence Award 2020

### Candidate's Consent Form

In order to be considered, this consent form must be completed and submitted with the following documentation:

1. Up to date Curriculum Vitae, including length of clinical services in wound care
2. A statement addressing the award criteria (maximum 250 words for each criterion)
3. Two letters of recommendation. One from your manager/employer is recommended showing excellent clinical skills as evidenced by feedback from patients and peers.

I, \_\_\_\_\_, and (Candidate's name) hereby advise that:

1. I am applying for the Wounds Australia Clinical Excellence Award.
2. The information in the above documentation is true and correct.
3. I give my permission to Wounds Australia to share the information in the documentation that you have provided with the members of the review panel.
4. I give my permission to Wounds Australia to release my name and other information contained in this application including images and photos for Wounds Australia publications, marketing materials, and newsletters if I am successful in winning the fellowship award.

Wounds Australia Membership ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_