**Professor Golam Abu Zakaria AFOMP *Best Leadership Skills* award**

NOMINATION FORM

**NB: Only NMOs that are in good financial standing with AFOMP can apply for the award. You can confirm your NMO’s status with your President/Secretary.**

**A) Nominee’s Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Full name of the nominee |  |
| 2. | AFOMP national member organization of which the candidate is a member of |  |
| 3. | Date of birth(dd-mm-yyyy) |  |
| 4. | Correspondence address |  |
| 5. | Email address(es) |  |

**B) Nominee’s Occupational Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Current occupation, role and institution(incl. dates) |  |
| 2.  | Previous occupation(s), role(s) and institution(s) (incl. dates) |  |

**C) Nominee’s University Education Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Postgraduate degree(s)(incl. institution(s) and dates) |  |
| 2.  | Undergraduate degree(s)(incl. institution(s) and dates) |  |

**D) Nominee’s Evidence of Leadership Skills:**

Describe brieflyany occasion(s)/case(s) in which the nominee has:

1. Exerted an impact on the professional practice of Medical Physics in the AFOMP region as appropriate for an early career researcher.
2. Demonstrated promising examples of initiative, engagement, and leadership in medical physics.
3. Demonstrated meritorious contribution to community, industrial applications, or the broader field of work/research in medical physics.
4. Been active in any national and/or international organizations for Medical Physics.

**E) Nominator’s Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Full name of the nominator |  |
| 2. | AFOMP national member organization of which the nominator is a member of |  |
| 3. | Nominator’s role | ☐ President☐ Secretary General |
| 4. | Email address |  |

**F) Declaration:**

I hereby declare that the information provided aboveregarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominee’s full name) is true and accurate.

|  |  |
| --- | --- |
| ………………………………………... | …………………………………….…. |
| Signature of the Nominator | Signature of the Nominee |
| Date:  | Date: |

INSTRUCTIONS:

Email the completed form to the AFOMP Secretary General at: sg.afomp@gmail.com

Please include:

1. The candidate’s CV
2. Certificates of educational qualifications
3. Date of birth certificate
4. Experience certificate
5. Any relevant scientific papers/abstracts
6. At least two recommendation letters from those directly responsible for the above-mentioned young leadership activities must accompany this application form.
7. Letter from the current employer

Any additional directly-relevant information may also be submitted for consideration.