# PSM Service Medal (PSM)

Nomination form

## Nominator’s details

Details of person submitting this nomination. Please complete all applicable fields.

|  |  |
| --- | --- |
| Full name: | Click or tap here to enter text. |
| Relationship to nominee: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Department or Organisation: | Click or tap here to enter text. |
| Group and Branch (if applicable): | Click or tap here to enter text. |
| Business address: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Mobile number: | Click or tap here to enter text. |

## Nominee’s details

Details of person you are nominating. Please complete all applicable fields.

|  |  |  |
| --- | --- | --- |
| Title (eg Professor): | Click or tap here to enter text. | |
| Given name: | Click or tap here to enter text. | |
| Surname: | Click or tap here to enter text. | |
| Is the person you are nominating of Aboriginal or Torres Strait Islander origin?  Please check one |  | No |
|  | Yes, Aboriginal |
|  | Yes, Torres Strait Islander |
|  | Yes, both |
|  | Prefer not to say or don’t know |
| Home address: | Click or tap here to enter text. | |
| Mobile number: | Click or tap here to enter text. | |
| Position: | Click or tap here to enter text. | |
| Salary level (eg SES 2 or VPS 5): | Click or tap here to enter text. | |
| Department or Organisation: | Click or tap here to enter text. | |
| Group and Branch (if applicable): | Click or tap here to enter text. | |
| Business address: | Click or tap here to enter text. | |
| Business telephone number: | Click or tap here to enter text. | |
| Email: | Click or tap here to enter text. | |
| Awards and/or degrees (if known): | Click or tap here to enter text. | |
| Date of birth: | Click or tap here to enter text. | |
| Place of birth: | Click or tap here to enter text. | |
| If born outside of Australia, Country of citizenship: | Click or tap here to enter text. | |

## Nomination statement

Please complete all five questions below. Answer each question in 400 words. This is about 28 full lines of text at Arial 11.

### Question 1

Please explain the services of the nominee which are considered worthy of recognition for outstanding contribution in the Victorian Public Service. Your explanation should provide some background on the nominee’s career and should address the criteria of outstanding service for which the nomination is being made. In particular, outstanding service could be shown through:

* service excellence to the public, or to external or internal clients
* innovation in developing a program, project or policy
* leadership, including as a member of a team, and/or
* the achievement of more efficient processes, cost savings, improved products or better service delivery.

Click or tap here to enter text.

### Question 2

Describe the role/s where the nominee exceeded expectations. Detail the area of service (eg policy, customer service, administration) and how long they performed this role.

Click or tap here to enter text.

### Question 3

Why do you consider the nominee’s service to be outstanding and how have they demonstrated this? Please provide specific and demonstrated examples.

Click or tap here to enter text.

### Question 4

How has the nominee’s contribution impacted upon the organisation and its clients? What are the broader outcomes of the nominee’s work?

Click or tap here to enter text.

### Question 5

Please provide two explanatory paragraphs using demonstrated and specific examples about why this person is being nominated for the award. If this nomination is successful, this wording will be used as the formal citation and used in promotional material about the PSM.

Click or tap here to enter text.

## Referees

Please complete all fields for at least 3 referees who have provided a letter to support this nomination. These referees can be within or outside of the Victorian Public Service.

### Referee 1

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Relationship to nominee: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Department or Organisation: | Click or tap here to enter text. |

### Referee 1

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Relationship to nominee: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Department or Organisation: | Click or tap here to enter text. |

### Referee 2

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Relationship to nominee: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Department or Organisation: | Click or tap here to enter text. |

### Referee 3

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Relationship to nominee: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Department or Organisation: | Click or tap here to enter text. |

### Referee 4

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Relationship to nominee: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Department or Organisation: | Click or tap here to enter text. |

## Nominator declaration

I understand that the information I have provided is correct and might be used in promoting the PSM.

Note: All information provided is treated as confidential. If the nomination is successful, nominees will be asked for permission to publish their Suburb or Towns details.

**As the nominator, I have:**

|  |  |  |
| --- | --- | --- |
|  | Completed all sections of this nomination form. | |
|  | Provided the information required for a minimum of 3 referees in this nomination form. | |
|  | Provided the signed and dated letters from each of the listed referees in this nomination form. | |
|  | Signed the below nominator declaration section. | |
| Signature | |  |
| Name: | | Click or tap here to enter text. |
| Date: | | Click or tap here to enter text. |

## Nominator next steps

1. Request a letter of endorsement from your department secretary or Chief Executive Officer (CEO).
2. Get your department secretary or CEO to review this nomination, complete the declaration check boxes and sign the declaration on the next page.
3. Email this completed nomination form to psm@dpc.vic.gov.au with the following attachments:

* The signed and dated letters from each of the listed referees in this nomination form.
* The department secretary or CEO signed and dated letter of endorsement.
* Any additional information is included (if applicable).

## Department secretary or CEO declaration

**As the department secretary or CEO, I have:**

|  |  |  |
| --- | --- | --- |
|  | Reviewed this nomination form. | |
|  | Reviewed the signed and dated letters from each of the listed referees in this nomination form. | |
|  | Reviewed any additional information included (if applicable). | |
|  | Provided a signed and dated letter of endorsement. | |
| Signature | |  |
| Name: | | Click or tap here to enter text. |
| Position: | | Click or tap here to enter text. |
| Department or Organisation: | | Click or tap here to enter text. |
| Date: | | Click or tap here to enter text. |

## PSM Coordinator

### Checklist

**As the PSM Coordinator, I have checked:**

|  |  |
| --- | --- |
|  | All sections of this nomination form have been completed by the nominator. |
|  | The nominator has signed the nominator declaration section in this form. |
|  | The signed and dated letters from each of the listed referees in this nomination form have been provided. |
|  | The department secretary or CEO has signed this nomination form. |
|  | The department secretary or CEO has provided a signed and dated letter of endorsement. |
|  | Any additional information included is provided (if applicable). |

### PSM Coordinator next steps

Email this completed nomination form to psm@dpc.vic.gov.au with the following attachments:

• The signed and dated letters from each of the listed referees in this nomination form.

• The department secretary or CEO signed and dated letter of endorsement.

• Any additional information is included (if applicable).

We acknowledge the Traditional Owners of Country throughout Victoria and pay our respect to them, their culture, and their Elders past and present.

© State of Victoria (Department of Premier and Cabinet) February 2025

The State of Victoria does not guarantee that this publication is without flaw or is wholly appropriate for your purposes. We disclaim all liability for any error, loss or other consequence that may arise from your relying on any information in this publication.

To receive this document in an alternative format, phone **03 9651 5111**, email [**contact@dpc.vic.gov.au**](mailto:contact@dpc.vic.gov.au), or contact National Relay Service on **1800 555 660** if required. HTML format is available at [**dpc.vic.gov.au**](https://www.vic.gov.au/department-premier-and-cabinet)