

Teamwork Award

This award recognizes the outstanding contribution of a clinician/health professional or staff member working in or supporting specialized geriatric services. This individual demonstrates: (a) exemplary teamwork qualities; (b) innovative and creative thinking; and (c) commitment to enhancing services for seniors with complex health conditions. Nominations are invited for individuals working/practicing in area of the Central East Region.

Nominations Open:	Friday, April 30, 2021
Nominations Deadline:	Monday, May 31, 2021 by 11:59 p.m.

The Award will be presented virtually in the month of June.

You may submit your nomination by email. Nominations must include:

- Completed nomination form

You may choose to include a letter of support (max. 2) with your submission, but this is not required. Award nominees and recipients often enjoy hearing the nice things their colleagues have to say about them.

Email: Please email your nomination form and supporting materials to seniorscarenetwork@gmail.com. In the subject line, please state "Teamwork Award Nomination."



Important Notes:

- Nominations can only be assessed based on the information provided in the nomination form and the two letters of support.
- Incomplete nominations will not be accepted.
- If a nomination does not meet the requirements outlined above, the nominator will be notified.
- Please do not send supporting documents separately from the nomination form. The entire nomination package (as outlined above) should be sent together in a single email.
- Upon closing of the nomination period, nominees will be notified of the nomination, and who nominated them.
- Seniors Care Network reserves the right to cancel the award in the event that insufficient nominations are received by the deadline.



Nomination Form

**Please complete all fields and ensure the nominee name is spelled correctly. This is how the name will appear in all written award materials.*

Nominee Information: *(the person being nominated for the award)*

First Name		Last Name	
Profession			
Organization		Job Title/Position	
Address:			
Street Number	Street Name	City	Postal Code
Telephone Number		Email Address	
Which Central East community does this individual practice/work in?:			



Nominator Information: *(the person who is making this nomination)*

First Name		Last Name	
Profession			
Organization		Job Title/Position	
Address:			
Street Number	Street Name	City	Postal Code
Telephone Number		Email Address	



A) Please describe the nominee's achievements in detail, including why they are deserving of this award (maximum 250 words):

B) How long and in what capacity have you known the nominee? (maximum 100 words):

