

Nomination AWARDS Nomination Form



Please return completed form and any attachments by July 28, 2017 to:

fnhda@fnha.ca or fax 604-913-2081

Please complete the following form to nominate an exceptional First Nations Health Director/Lead who is doing extraordinary work in our communities. To be eligible for consideration, nominees must be a FNHDA Member in good standing with the Association. All nominations are kept confidential to respect privacy. There are a potential of 7 awards based on the 7 Standards of Excellence to be honoured at the FNHDA Annual General Meeting taking place September 2017.

Please see the FNHDA Inspiration Award Guidelines for full details on the 7 Standards and Inspiration Award process.

CANDIDATE – the person I am nominating is:

NAME		POSITION	
ORGANIZATION		DEPARTMENT	
ADDRESS			
EMAIL			
WORK PHONE	EXTENSION	CELL PHONE	
Region: North I	nterior	☐Vancouver Island	☐ Vancouver Coastal
NOMINATION CATEGORIAN Please select one of t	ORY he 7 Standards of Excelle	ence awards from the	list below.
] GroundingWorkwithi	n Culture and Tradition		
☐Providing Health and V	Vellness Leadership for the	e Community	
Providing Informed, Te	echnical Advise		
] Establishing and Main	taining Beneficial Partners	ships	
☐Providing Effective He	alth Administration		
Being a Supportive Ma	anager and a Health Team I	Leader	
	n Professional Developmer	nt&ContinuousLearnir	ng

	MINATION			
A short description of nominee's significant contribution, any achievements, names of any organitions involved, the nominees length of service, and any other relevant biographical information as what work they have achieved within the particular 7 categories they are being nominated for (500 words maximum).				
	ORMATION – for corresp			
NAME		POSITION		
ORGANIZATION		DEPARTMENT		
ADDRESS				
EMAIL				
WORK PHONE	EXTENSION	CELL PHONE		
WORK PHONE	EATENSION	CELL PRONE		

For more information, please email: fnhda@fnha.ca