



First Nations Health  
Directors Association  
Sharing experience for community wellness

## 2016 INSPIRATION AWARDS Nomination Form



**Please return completed form and any attachments by August 5, 2016 to:**

[fnhda@fnha.ca](mailto: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 on September 27-29, 2016 on Coast Ts'msyen (Tsimshian) Territory in Prince Rupert, BC.

**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 ☐ Interior ☐ Fraser Salish ☐ Vancouver Island ☐ Vancouver Coastal

**NOMINATION CATEGORY**

**Please select one of the 7 Standards of Excellence awards from the list below.**

- ☐ Grounding Work within Culture and Tradition
- ☐ Providing Health and Wellness Leadership for the Community
- ☐ Providing Informed, Technical Advise
- ☐ Establishing and Maintaining Beneficial Partnerships
- ☐ Providing Effective Health Administration
- ☐ Being a Supportive Manager and a Health Team Leader
- ☐ Participating Actively in Professional Development & Continuous Learning

### REASON FOR NOMINATION

A short description of nominee's significant contribution, any achievements, names of any organizations involved, the nominees length of service, and any other relevant biographical information and what work they have achieved within the particular 7 categories they are being nominated for (500 words maximum).

---

---

---

---

---

---

---

---

---

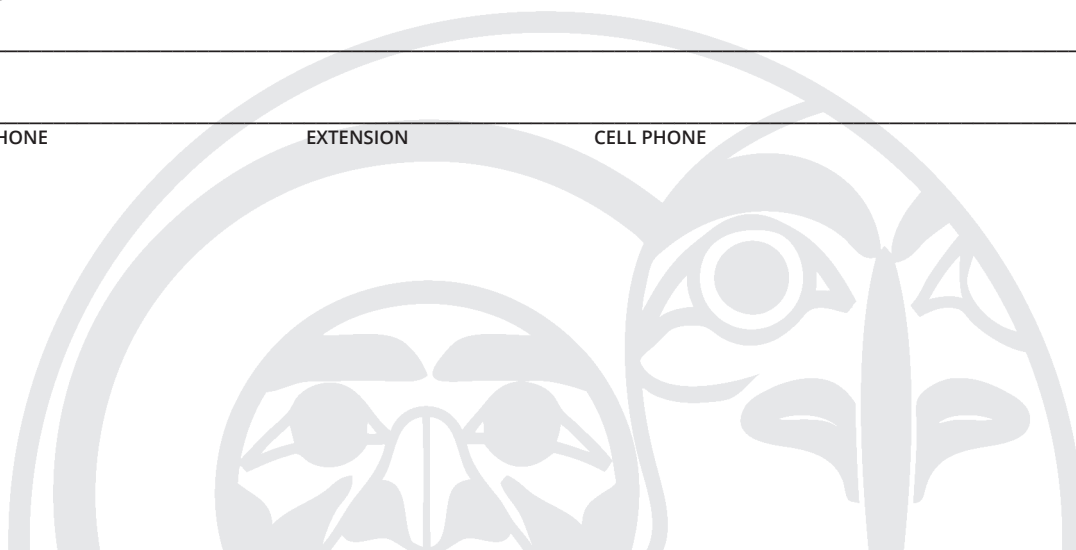
---

---

---

### NOMINATOR INFORMATION – for correspondence purposes

NAME		POSITION
ORGANIZATION		DEPARTMENT
ADDRESS		
EMAIL		
WORK PHONE	EXTENSION	CELL PHONE



For more information, please email:

[fnhda@fnha.ca](mailto:fnhda@fnha.ca)