



## NOMINATION FORM - Spirit of Compassion Award

### STEP 1: TELL US WHO YOU ARE NOMINATING

**An Individual:**

Name (First and Last): \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Department/Work Unit: \_\_\_\_\_

**A Team (add more lines if needed):**

	Name (First & Last):	Occupation:	Department/Work Unit
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

### STEP 2: TELL US WHY YOU ARE MAKING THE NOMINATION

Provide a description, either in writing or verbally to Human Resources. In your description, provide enough detail to explain **why and how** the person/people being nominated deserve recognition. Include details of (see the back for more information):

- The specific behaviour exhibited or action taken
- How the behaviour or action made a positive difference at Providence Care
- How the behaviour or action is extraordinary and was something above and beyond what is required

Please check if you prefer to meet with Human Resources to verbally submit a description and continue to Step 3.

When did the action/behaviour occur: \_\_\_\_\_  
 Description (append additional sheets if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
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### STEP 3: TELL US WHO IS SUPPORTING THE NOMINATION

**Each nomination must be supported by two people.** Indicate below who supports this nomination. Remember to include signatures from each person supporting the nomination.

	Name (First & Last):	Staff Occupation/Patient/Client/Resident :	Signature:
1	_____	_____	_____
2	_____	_____	_____

### STEP 4: SUBMIT THE NOMINATION

Send your completed nomination form to Human Resources, Attention – Indira Naraine, Senior Human Resources Consultant on or before August 31<sup>st</sup>. Nominations are open from September 1<sup>st</sup> to August 31<sup>st</sup> each year, for achievements accomplished during that 12 month period.

Providence Care Achievement Award recipients excel in demonstrating one or more of the organization's core competencies, which include commitment to Mission, Vision and Values, client focus, relationship building, utilization of resources, continuous and lifelong learning and , innovation and creativity. Their daily behaviours are consistent with the Code of Conduct and ethical practice and they model our values of respect, dignity, compassion and stewardship.



## **Spirit of Compassion Award**

This award recognizes and celebrates teams and/or individuals that embody the spirit of compassion by being empathetic and conscious and responding to of the needs of others. Actions, behaviours and attitudes that exemplify the spirit of compassion are:

- Actively seeking to understand and demonstrating dignity, courtesy and respect for others
- Consistently acting in ways that show empathy, kindness, care, consideration and concern for others
- Working effectively with and being supportive of colleagues
- Using open, supportive and accurate two-way communication with others
- Working effectively with those entrusted to our care to achieve their aspirations, goals and objectives
- Acting in ways that demonstrate value for each persons' unique contributions
- Consistently and intentionally being attentive and responding to the needs of others
- Engaging in high quality interactions with others
- Being dedicated to the service of others

### **TIPS FOR DRAFTING AN EFFECTIVE NOMINATION**

- ☑ **Who:** Clearly identify who is being nominated; if nominating a team, make sure that all of the applicable team members have been specified on the nomination form.
- ☑ **What:** Provide a description of what specific behaviour or action was taken by the person/people; what did they do to warrant special recognition. This should be an example that illustrates how the person demonstrated the qualities described in the award description.
- ☑ **Where:** Clarify any important details about where the action/behaviour took place if that contributes to person/people going above and beyond what is routinely required.
- ☑ **When:** Identify when the action/behaviour took place. The award nomination year runs annually September 1<sup>st</sup> to August 31<sup>st</sup>. Nominations must be received on or before August 31<sup>st</sup> annually for accomplishments that occurred in the preceding 12 months.
- ☑ **How:** Describe how the action/behaviour made a positive impact at Providence Care. Be specific. Positive outcomes may include improved performance on measured indicators, improved patient/client/resident clinical outcomes, improved work or care environment, etc.
- ☑ **Why:** Describe why the behaviour or action should be considered extraordinary and why the person/people deserve to be recognized.

### **NOMINATIONS MAY BE DISQUALIFIED IF:**

- The nomination form is incomplete
- The nomination form is illegible (cannot be clearly read)
- The signatures of two people supporting the nomination are not on the nomination form
- The reasons for the nomination are not fully explained
- The deadline for nominations (August 31<sup>st</sup>) has been missed
- Members for team nomination are not clearly identified
- The person nominated is a member of the Nomination Review Committee