

Nomination Form: Dr. Donna Wilson Caregiver Award 2019

1. Nominee's Personal Details

a) Name:

b) Address:

c) Postal code:

d) Telephone number:

e) Email address:

f) Is the nominee aware of the nomination? ____Yes

g) Has the nominee consented to share his or her story on the AHPCA website, newsletter and social media, if awarded? ____Yes

2. Nominator's Information

a) Name:

b) Address:

c) Postal code:

d) Telephone number:

- e) How do you know the nominee?

- f) How long have you known the nominee? __years __months
- g) Email address:_____
- h) Please verify that you have read the criteria and rules: _____Yes

3. Statement

In no more than 500 words, explain the caregiving situation of the nominee, ensuring that you cover these points:

- o **Independence and Dignity:** How has the nominee ensured that the individual to whom they provide care has a quality of life and level of dignity that is above the standard of others in similar circumstances?
- o **Caregiver Contribution:** How long has the nominee been a caregiver? How many hours per week does the nominee devote to caregiving? How has the nominee demonstrated a commitment to caregiving?
- o **Compassion and Perseverance:** How has the nominee demonstrated passion, empathy, and a strong desire to alleviate the suffering of the person requiring care?

PLEASE NOTE

The closing date for applications is **5pm Tuesday October 1st 2019**. Applications can be emailed to: director@ahpca.ca or posted to AHPCA, Kahanoff Centre, #110, 105 12 Avenue SE, Calgary AB, T2G 1A1. Mailed applications and emails that are dated after the deadline will not be accepted.