

THE CEO AWARDS OF EXCELLENCE NOMINATION FORM

CRITERIA

CLIENT AND FAMILY-CENTRED CARE (ADVISOR)

A CFCC Advisor and/or CFCC Advisory Council who demonstrates behavior reflective of the following:

- **Partnership and Participation:** advancing CFCC through their consistent volunteer partnership with healthcare staff, physicians, and leadership.
- **Collaboration:** constructively brings the client (patient, resident) and/or family lens to support co-design of program or service improvements that promote safety and positive client (patient, resident) and family experience of care.
- **Commitment:** to bring the lens of the client to the table to support advancing/improving health care experiences of care for all.
- **Commitment to Volunteering:** while balancing other personal/professional responsibilities.

STEP ONE: NOMINEE

Please ensure correct **spelling and proper titles** of individual or team name.

NAME OF ADVISOR OR ADVISORY COUNCIL: _____

CONTACT INFORMATION: _____

ONLY fill in team representative and team members below if nominating a team.

- A. Make sure the team is **no larger than 12 people**.
- B. Identify a team representative.
- C. Write the name of each team member.

NAME OF TEAM REPRESENTATIVE: _____

TELEPHONE OF TEAM REPRESENTATIVE: _____

LIST THE NAME OF ALL TEAM MEMBERS:

STEP TWO: CONSENT OF ADVISOR/ADVISORY COUNCIL

You must get the consent of the advisor or advisory council **before** forwarding the nomination.

I (or on behalf of the team) consent to stand for nomination and to participate in the CEO Awards of Excellence. Names and photos may be used in any internal and external communication that will showcase the recipients and/or nominees of the award.

SIGNATURE: _____

STEP THREE: NOMINATORS' CONTACT INFORMATION

- A. **Two individuals** must nominate the advisor or advisory council and sign the nomination form.
- B. **The CFCC Manager must also** sign the nomination form.

NOMINATOR

NAME: _____ TELEPHONE: _____

TITLE: _____ WORK SITE: _____

NOMINATOR'S SIGNATURE: _____

SECONDER

NAME: _____ TELEPHONE: _____

TITLE: _____ WORK SITE: _____

SECONDER'S SIGNATURE: _____

CFCC Manager - Please ensure information of **nominee in step one** is correct.

NAME: _____ TELEPHONE: _____

TITLE: _____ WORK SITE: _____

CFCC MANAGER'S SIGNATURE: _____

STEP FOUR: REASONS FOR NOMINATION

Describe how the individual or team has met the criteria above by answering the following **Three** questions. Please use only the space provided.

How does the advisor or the advisory council show respect toward clients and family members they represent and/or partner with?

Provide an example of how this advisor or advisory council engages with staff/physicians/leadership and other client and family advisors to create true partnership in care?

How does this advisory or advisory council's engagement with clients help to improve programs or services and promote positive client and family experience of care?

STEP FIVE: SUMMARY

Describe as best you can, the advisor or advisory council and their accomplishments in one or two sentences. This may be **used for the presentation** at the event ceremony.

STEP SIX: SUBMIT FORM FOR REVIEW

- A. Check that you have completed all steps of this nomination form.
- B. Submit your nomination by email to the following address.

Email: recognition@easternhealth.ca

Subject: CEO awards

Inquiry: 777-3776 or 466-6353