

**Nomination Form: Dr. Donna Wilson Caregiver Award 2018**

**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 Friday October 5th 2018**. Applications can be emailed to: [director@ahpca.ca](mailto:director@ahpca.ca) or posted to AHPCA, 1245 70 Ave SE, Calgary AB, T2H 2X8. Mailed applications and emails that are dated after the deadline will not be accepted.