

President's Award Program – Nomination Form

COMMUNITY SERVICE

CORE VALUES

LEADERSHIP

INNOVATION

PHYSICIAN LEADERSHIP

Award Category: Select one:

- | | |
|--|---|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Living Our Core Values - <i>How We Work Together</i> | <input type="checkbox"/> Innovation |
| <input type="checkbox"/> Living Our Core Values - <i>How We Serve Our Patients</i> | <input type="checkbox"/> Physician Leadership |

Nominee Information: (Information about the person/team I am nominating)

NAME OF NOMINEE (PLEASE PRINT)

TITLE (E.G. PSA, RN, COORDINATOR, SOCIAL WORKER)

AREA/PROGRAM

PHONE / EXTENSION

SITE

YEARS OF SERVICE

I consent to being nominated for this award: (Note: HR checks are conducted on all nominees. Individuals must be in good standing to be eligible.)

NAME

SIGNATURE

Nominator Information: (To be completed by the person/team submitting the nomination)

NAME OF NOMINATOR (PLEASE PRINT)

PHONE / EXTENSION

EMAIL

SIGNATURE

Did you remember to include the following items in your nomination package? (Note - nomination package, including nomination form, may not be more than 10 pages)

- This completed form (including signed consent from nominee)
- Nominator letter
- Minimum two (2) additional letters of support from colleagues/peers. Letters must be different and unique of each other. (Note: letters from patients cannot be solicited)
- Ensure all letters reflect the specific award category criteria.

Submit nomination package to presidentsaward@lhsc.on.ca or the President's Office (C3-124 VH)



London Health Sciences Centre is committed to respecting personal privacy and safeguarding personal information. Personal information collected on this form will be used only for purposes related to the President's Awards.