Long Term & Continuing Care Association of Manitoba

Award for Excellence Nomination Form

Deadline for submissions: March 15, 2012
Awards Ceremony will be held at the LTCAM Annual Provincial Conference on May 15, 2012

A few of our past recipients...

Award Categories:
___ Community Services
___ Recreation Therapy Service
___ Innovation/Vision/Leadership
An Award for Excellence is given each year by the Long Term & Continuing Care Association of Manitoba to honour the efforts and dedication of outstanding service teams, employees, volunteers and/or providers who go above and beyond the call of duty to provide care in service settings such as Personal Care Homes, Supportive Housing residences, Retirement Residences, Home Care, and Seniors Resource Centres, to name a few. The award is open to all staff in Manitoba. Membership in LTCAM is not required.

The Award Categories are:

- **Community Service**
  The Award for Excellence in Community Service will be given to a person, team or volunteer who has provided exceptional service to residents of the community, i.e. adult day programs, respite care, or to volunteers or employees who have provided exceptional service to the residents/tenants/clients in the long term care continuum by facilitating a connection to the community.

- **Recreational Therapy Service**
  The Award for Excellence in Recreational Therapy Service will be given to a person or team that has shown innovation in the type and delivery of an exceptional recreational therapy program that has benefited residents/tenants/clients in the long term care continuum.

- **Innovation, Leadership and Vision**
  This is a new category. The Award for Excellence in Innovation, Leadership and Vision will be given to a person or team that has had a positive effect on staff and/or residents/tenants/clients by promoting and enhancing quality care, compassion, dignity and respect for rights.

**Judging**

An independent panel of judges reviews all nominations and selects the award recipients. The judges are comprised of both members and non-members of the Association. The awards ceremony takes place at the Annual Provincial Conference held in May each year.
Instructions

1. Complete the nomination sheet in full.

2. Tell us about your nominee and what makes this nominee unique or exceptional.
   - Attach a statement describing the nominee’s services and how they have affected the organization or community. Provide details on the following topics, if applicable. Please be thorough, as your description will be the only information available to the judges.

   2.1 Activity  Briefly describe the program, service or activity for which the candidate is being nominated.

   2.2 Need  Describe the need filled by the nominee. Why was the need important to the community or recipient of service?

   2.3 Method  What did the nominee do to address the need?

   2.4 Impact  What was the outcome of the candidate’s efforts? How many people benefited? What was actually accomplished?

   2.5 Summary  What is unique or exceptional about the nominee’s contribution? How is the nominee an inspiration to others? Why should the Award be given to this nominee?

Include information that may help the judges understand the value and impact of the nominee’s activities. Highlight specific section(s) for the judges’ attention such as: innovation in type & delivery of program, benefit to those who are served, need, method and creativity, impact, and commitment.

Please include photographs in electronic format. Pictures will be displayed as part of the presentation acknowledging all the recipients.

3. Send all pages in word format, electronically, or before March 15, 2012 to:
   jlegeros@ltcam.mb.ca
The Nominee (may be a team, individual or volunteer actively engaged in the long term care continuum in Manitoba): The award is open to all staff in the Province of Manitoba. Membership in LTCAM is not required.

Nominee Name______________________________________________________________

Address____________________________________________________________________

City/Town _____________________________ Postal Code __________

Telephone-daytime ________________ Cell _________________

Position _________________________________________________________________

Submitted by:

Name______________________________________________________________

Title and Organization _____________________________________________

Address____________________________________________________________________

City/Town _____________________________ Postal Code __________

Telephone daytime: ____________________ Cell ____________________

Relationship to nominee _____________________________________________

Have you advised the nominee? ________________________________________

References:

1. Name _______________________________________________________________________

   Telephone daytime__________________ Cell____________________

2. Name _______________________________________________________________________

   Telephone daytime__________________ Cell____________________
About the Nominee:

Tell us about your nominee and what makes this nominee unique or exceptional.

Please provide details on the topics listed below. Include any information that may help the judges understand the value and impact of the nominee’s activities. Highlight specific section(s) for the judges’ attention such as: innovation in type & delivery of program, benefit to those who are served, need, method and creativity, impact, and commitment.

Please include photographs in electronic format. Pictures will be displayed as part of the presentation acknowledging all the recipients. Add more pages if more room is needed.

Activity  Briefly describe the program, service or activity for which the candidate is being nominated.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Need  Describe the need filled by the nominee. Why was the need important to the community or recipient of service?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Method  What did the nominee do to address the need?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

__________
Impact

What was the outcome of the nominee’s efforts? How many people were benefited? What was accomplished?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Summary

What was unique or exceptional about the nominee’s contribution? How is the nominee an inspiration to others? Why should the Award of Excellence be given to this nominee?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Thank you
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Send via email - all pages of this completed nomination in word format electronically to ilegeros@ltcam.mb.ca on or before March 15, 2012 to:

Long Term & Continuing Care Association of Manitoba
Suite 103, 1483 Pembina Highway
Winnipeg MB R3T 2C6