

## **Description of Award**

**Our Mission**

Inspired by the healing ministry of Jesus Christ, Providence Health Care is a Catholic health care community dedicated to meeting the physical, emotional, social and spiritual needs of those served through compassionate care, teaching and research.

**Our Vision**

Driven by compassion and social justice, we are at the forefront of exceptional care and innovation.

**Our Values**

SPIRITUALITY: We nurture the God-given creativity, love and compassion that dwells within us all.

INTEGRITY: We build our relationships on honesty, justice and fairness.

STEWARDSHIP: We share accountability for the well-being of our community.

TRUST: We behave in ways that promote safety, inclusion and support.

EXCELLENCE: We achieve excellence through learning and continuous improvement.

RESPECT: We respect the diversity, dignity and inter-dependence of all persons.

This award acknowledges an individual who exemplifies our Providence Mission, Vision and Values as they carry out their work honouring the rich history of our Founding Congregations and their legacy to provide services that helps support human dignity, and equitable access to care so that all could thrive.

The award recognizes exceptional individuals who have made long-lasting and outstanding contributions in long-term care and/or seniors’ care programs and services and have demonstrated significant contributions and sustained commitment towards the enhancement of seniors’ health care.

The award is presented annually.

## **Eligibility**

This award is open to anyone employed, volunteering or delivering services to seniors. Nominee can include staff, clinicians, physicians, volunteers, government partners and non-clinical services, community partners, etc.

## **Nomination Process**

Nominations may be submitted by anyone affiliated with Providence Health Care.

There is no limit to the number of nominations any one person can submit. Each nomination is evaluated on the strength of the examples and lived experiences provided.

Nominations can be submitted by completing the nomination form and submitted by the deadline.

**NOMINATION FORM**

**Please use the space provided to complete your nomination. No additional documents will be accepted.**

**Nominator Information**

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| --- | --- |
| Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Organization Name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |

**Nominee Information**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Organization Name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |

**Supporting Documentation**

Please answer the questions below to help describe how your nominee for the individual or team award lives out our PHC Mission, Vision and Values. **Please use the space provided to complete your nomination. No additional documents will be accepted.**

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| **Question 1: In 200 words or less, describe why this person is an inspiration to you personally.**  Click or tap here to enter text. |

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| **Question 2: In 200 words or less, please provide an example of how this person helps drive and grow our PHC Mission, Vision and Values in Seniors Care.**  Click or tap here to enter text. |

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| **Question 3: In 200 words or less, please tell us how this person supports and encourages others.**  Click or tap here to enter text. |

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| **ADDITIONAL STATEMENTS: If need, please provide any further supporting statements here in 200 words or less.**  Click or tap here to enter text. |

**Confidentiality** (please complete)

I consent to having the contents of this nomination shared internally and externally without limitation.

Yes No

I consent to the selection committee sharing my name as a nominator when corresponding with this nominee.

Yes No

**Completed nominations forms must be submitted to:**

[**agingconference@providencehealth.bc.ca**](mailto:agingconference@providencehealth.bc.ca) **by February 15, 2025**