

OPAL DIVISION AWARD

2016 AB & NWT Division Awards Application Form

The Opal Division Award was founded to recognize the contributions of those who are or have been caregivers to people with MS. The award was initiated to honour the dedication and devotion displayed by Jack and Minda Opal in supporting and caring for Evelyn Opal, a founding member of the MS Society. Since it was created in 1993, the award has captured the hearts of persons with MS, family members, volunteers and staff.

Recipients of the Opal Division Award are also submitted as the division nominee for the National Opal Award. Nominator's are encouraged to include information on how the nominee has made an impact on a nationwide scale. There will only be one (1) award recipient per year.

The National Opal Award recipient will become the MS Society's nominee for the MS International Federation's Evelyn Nicholson Award for International Caregiver. The program coordinator will work with chapter and/or division staff to inform the winner of their nomination to the Evelyn Nicholson Award.

AWARD CRITERIA

- Individual who is caring or has cared for someone with MS
- Involvement with the MS Society at any level
- Demonstrated exceptional care for a person with MS attending to his/her own personal growth and development
- Recipient of division Opal Award or nominated by the national office

Please note:

If the Jury deems a nominee to be more appropriate for another award category, they may move the nomination into that category at their discretion.

Nominators can only enter one nomination per nominee.

Please send the completed application form and all supporting documents in electronic format to:

Liz Laurence
E-mail: liz.laurence@mssociety.ca
Phone: 780-440-8764 or 1-800-268-7582

Deadline: Friday, December 9th, 2016.



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NOMINEE INFORMATION

Name of nominee: _____

Address: _____

City, province, postal code: _____

Phone: _____

Email: _____

NOMINATOR INFORMATION

Name of nominator: _____

Division/chapter/unit: _____

Title: _____

Phone: _____

Email: _____

Nominations for awards may come from :

- an MS Society member in good standing from a division or chapter/unit
- boards of directors of a division or chapter/unit
- MS Society staff from division or chapter/unit offices

Current jury members are excluded from nominating a candidate for any award.

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The following information should be submitted.

1. Brief summary on person with MS's past and present symptoms (i.e. date of diagnosis, symptoms that occurs during attacks, etc.)
2. Commitment of care - how nominee has cared for the person with MS.
 - number of years and/or portion of each day spent to caring
 - special activities that the nominee and the person with MS do together (i.e. travel, sports events, family activities, etc.)
 - impact on life of person with MS (i.e. remain at home, continue to work, encourage outside interests such as hobbies and volunteerism, etc.)
3. Family stability - nominee's contribution to the stability and health of the entire family
4. Personal development - how nominee focused on his/her own personal growth while caring for the person with MS
 - hobbies
 - membership in organizations
 - volunteer activities outside the MS Society, etc.
5. Nominee's contribution or involvement with the MS Society at any level of the organization (chapter, division and/or national). Provide brief summary on roles, responsibilities and/or outcomes.
 - If applicable, mention how the nominee has made it possible for the person he/she care for to become involved.

APPLICATION CHECKLIST

- Completed application form submitted by the nominee or division awards
- A maximum one page letter from the nominator describing how the nominee meets the criteria outlined for the award.
- Signed privacy statement / release of information.

Awards will be presented at a later date to be determined.



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PRIVACY STATEMENT / RELEASE OF INFORMATION

The MS Society of Canada collects the personal information requested on the award nomination forms for the purpose of recognizing the achievements and contributions of individuals and groups in support of our mission statement. By completing the release of information section on the nomination form you hereby consent to the collection, use and disclosure by the MS Society of your personal information and/or image in accordance with the MS Society privacy policy. Disclosure of personal information and/or images may include, but is not limited to, committees, members, and the general public via public presentation, print materials, media releases and our website. A copy of our privacy policy may be obtained at www.mssociety.ca or by calling 1-800-268-7582.

I, _____, hereby give my permission to the Multiple Sclerosis Society of Canada to release pertinent personal information and/or my image for the purpose of this nomination.

Furthermore, I agree to serve as the focus for publicity regarding the commitment and work of caregivers to persons with MS and, if appropriate, allowing my name to be submitted as a nominee for the Multiple Sclerosis International Federation's Evelyn Nicholson Award for International Caregiver.

SIGNATURE _____

DATED AT _____ **IN THE PROVINCE OF** _____

THIS _____ **DAY OF** _____, **2016.**