



PROFESSIONAL CARE DIVISION AWARD 2016 AB & NWT Division Awards Application Form

AWARD CRITERIA

A health care professional who has exhibited special dedication and effectiveness in providing care or service to those living with multiple sclerosis, their families, or the community.

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: _____

Name of contact person:
(if group or organization) _____

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. How nominee first got involved with the MS Society.
2. Nominee's past and present contributions with the MS Society. Provide brief summary on roles, responsibilities and/or outcomes.
 - activities
 - memberships in committee
 - leadership positions
 - initiatives
3. Description on one or more qualities that the nominee has demonstrated.
 - leadership skills
 - inspiration to others
 - enthusiasm and creativity
 - other qualities that are relevant to the nomination
4. Additional relevant information about the nominee that supports the nomination.

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.

SIGNATURE _____

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

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