

**NOMINATION FORM**  
***The Community Action Award***

Nominator Information:	
<b>Name:</b>	<b>Department:</b>
<b>Role:</b>	<b>Email:</b>
Nominee Information:	
<b>Name:</b>	<b>Department:</b>
<b>Role:</b>	<b>Email:</b>

## COMMUNITY ACTION AWARD CRITERIA

This exciting new award will celebrate and bring to light some of the work that many physicians at HHS do to reach outside the walls and boundaries of HHS into the surrounding community. Physicians nominated for this award would typically act to help vulnerable, marginalized, underserviced or racialized members of the community. The recipient would be someone with a track record of such service to the community.

## CALL FOR NOMINATIONS

**Why you think this person should be nominated:** When writing your nomination please include all relevant details.

- a) **Describe why you think this person should be nominated, including examples (Max. of 250 words).** Examples could include how the nominee has demonstrated the above listed characteristics.

- b) **Tell us how you know this person.**

<b>c) Anything else?</b> You can write any additional information here	
<p><b>Do you grant permission for your nomination letter to be released to PR following award notification of the recipient:</b></p> <p><b>Yes    No</b></p>	
<b>E-signature of the Nominator:</b>	<b>Date Completed:</b>
<p>IMPORTANT NOTES:</p> <p><b>It is important that your nomination form address the established criteria and why you feel your nominee meets this criteria. Nominations will not be considered if the nomination form does not include this information.</b></p> <ul style="list-style-type: none"> <li>•Nominations can only be assessed based on the information provided. The more detail provided in the description of achievements, the better a nominee’s chances of winning an award.</li> <li>•Nominators are welcome to include a picture of the nominee with their submission which may be used as part of the recognition. Consent will be sought from the nominee if they are selected to receive the award.</li> <li>•Upon closing of the nomination period, nominees will be notified of the nomination and by whom they were nominated.</li> <li>•If you have questions or are having trouble completing the application form, please contact Ewelina Grisafi at <a href="mailto:msa@hhsc.ca">msa@hhsc.ca</a></li> </ul>	

**All nominations must be submitted by email or fax and include this nomination form.** Nomination form and supporting documents (if required) can be sent to: [msa@hhsc.ca](mailto:msa@hhsc.ca). In the subject line, please state ***The Community Action Award.***

**HHS Medical Staff Association**

- Fax: 905-577-1479
- Email: [MSA@hhsc.ca](mailto:MSA@hhsc.ca)

**FINAL SUBMISSION DEADLINE: January 7, 2022**

**If you have questions, please contact:**

Ewelina Grisafi  
905-521-2100 ext 46770  
[msa@hhsc.ca](mailto:msa@hhsc.ca)