



Nomination Form for the

Healthcare Safety Champion Award 2009

**Recognizing the role that our workers have in the health & safety of our workplace,
Creating a Culture of Workplace Safety (CCWS) will recognize a
“Healthcare Safety Champion”**

To be eligible for the CCWS Safety Champion Award, a report must be submitted outlining the achievements of the Safety Champion being nominated. This award is presented to an individual that demonstrates a commitment towards health and safety, not only on a personal level, but looking out for the safety and health of his or her co-workers as well. The individual may not be formally involved in health and safety in the workplace (e.g. an OH&S Committee member or a Representative) but may be a champion in their department, workplace, or at home.

The responses in the application must be validated, by providing appropriate supporting documents if applicable of activities or initiatives in which the nominee was involved. This supporting documentation must be for 2009 and must be traceable to the applicable question. If supporting documentation applies to more than one question then only a reference to the supporting documentation will be required for the additional questions. Supporting documents can be in the form of emails, company forms, reports, minutes, etc.

Please use additional sheets if space is insufficient. Application must be received on or before March 1, 2010. The entire application should be no more than 50 single sided pages or 25 double sided pages. **Applications greater than 50 pages in length will not be accepted.**

Name and job title of Nominee for Safety Champion Award:

Mailing Address of Nominee:	Phone #
	Fax #

Name and job title of Nominator:

Mailing Address of Nominator:	Phone #
	Fax #

1. Why does this nominee deserve the Safety Champion Award?

2. What specifically does the nominee contribute to incorporate safety in everyday activities?

3. How many people have been affected by the nominee's efforts during 2009?

4. Will his/her efforts have an impact on co-workers or others, beyond 2009?

5. What site is the nominee based out of? Please also provide any other sites the nominee is responsible for.

Please Mail or Fax Application on or before March 1, 2010 To: Executive Director of Newfoundland and Labrador Health Boards Association, 2nd Floor Beothuck Building, 20 Crosbie Place, St. John's, NL, A1B 3Y8; Fax: 364-6460