

Public Health Association of Nova Scotia

Annual Nova Scotia Public Health Champion Award 2019

Rationale

To promote exemplary public health practice and to recognize an individual, group or organization that has made a significant contribution to improving the health of Nova Scotians.

Eligibility Criteria

The nominee will have demonstrated evidence of **leadership**, **commitment** and **innovation** in improving the health of Nova Scotians. Evidence submitted with the application should include specific examples of behaviors or descriptions of situations that address the three award criteria: leadership, commitment and innovation. The nominee does not need to be a member of PHANS.

Who can nominate a 'Champion' for the award?

All PHANS members. The nominator must be a dues-paying PHANS member.

To apply, please include the following:

- ✓ Name of the nominator, mailing address, e-mail and original signature. The form is included as the third page of this advertisement.
- ✓ Name of the nominee, contact phone number, and mailing address.
- ✓ A brief (300-word) description of how the individual, group, or organization has met the award criteria of leadership, commitment and innovation. While the nominator can determine the most effective way to provide evidence for the nominee, the application can be a 300-word narrative or be divided into 3 parts, leadership, innovation and commitment, with 100-words for each.
- ✓ Two letters of support. The nominator is not eligible to provide a letter of support. These letters may be written by non-PHANS members.



Deadline & Submission Details

Completed application packages should be received by **Wednesday, September 25th, 2019** by e-mail to the following address: awards@phans.ca

This award will be presented to the successful nominee at the 2019 PHANS Annual General Meeting (AGM), which is expected to be held in October 2019. The successful nominee will be invited to speak at the AGM, and provided with complimentary PHANS membership for one year.

Nova Scotia Public Health Champion Award 2019

NOMINATION FORM

1. NOMINATOR

Name _____

Address _____

City _____ Postal Code _____

Office Number _____ Home _____ E-mail _____

2. NOMINEE

Name _____

Address _____

City _____ Postal Code _____

Office Number _____ Home _____ E-mail _____

3. SIGNATURE OF NOMINATOR

Please return the completed nomination form and letters of support by September 25th, 2019 to:
awards@phans.ca