

**THE DEBBIE NASON SOCIAL WORK
IN HEALTH CARE AWARD**

Nomination Form

Nominee

Name : _____

Mailing Address: _____

Telephone Number : Work: _____ Home: _____

Sponsor

Name : _____

Telephone Number : Work: _____ Home: _____

USING A SEPARATE PIECE OF PAPER, PLEASE PROVIDE THE FOLLOWING INFORMATION:

- The length of time and the positions the nominee has held in the health care setting
- A description of the impact the nominee has made in the health care field, giving specific examples
- A description of what the nominee has done to promote the profession of social work, citing specific projects, initiatives, events, etc.
- A list of any committees/groups the nominee was involved in at work
- A description of the nominee's involvement in his/her community, including a list of any committees, boards or other groups or agencies the nominee is/was involved in or with
- Any other information that may assist the panel in making its recommendation

IN ADDITION, PLEASE PROVIDE:

- Two letters of recommendation. It would be preferable if at least one was from a social worker
- The nominee's current curriculum vitae or resume of the nominee.

Signature of Sponsor

Date

Return to: Executive Director, NBASW
P.O. Box 1533, Station A
Fredericton, NB E3B 5G2
Phone: 506-459-5595 or toll free: (877) 495-5595
Fax: 506-457-1421 (To be followed with original sent by mail)

Approved by the Board of Directors November 27, 2004