

EXCELLENCE IN CARE AWARDS 2019 INDIVIDUAL CATEGORIES ENTRY FORM

Please note this entry form is for the two individual award categories. There is a separate entry form for the care facility award categories on page 12.

1. INDIVIDUAL AWARD CATEGORY

Please tick/cross the category in which you are entering.

Note: Only ONE category may be entered on each entry form, but you may submit more than one entry form to enter into different categories.

- LEECARE SOLUTIONS STAND-OUT INDIVIDUAL AWARD
- VCARE LEGENDARY SERVICE TO THE AGED RESIDENTIAL CARE SECTOR AWARD

2. NOMINATION INFORMATION

Details of the person being nominated

NAME	<input type="text"/>
POSITION	<input type="text"/>
CARE FACILITY ASSOCIATED WITH	<input type="text"/>

Details of the nominee

NAME	<input type="text"/>
POSITION	<input type="text"/>
CARE FACILITY ASSOCIATED WITH	<input type="text"/>

DOES THE NOMINEE KNOW ABOUT THIS ENTRY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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3. DETAIL OF ENTRY

TITLE

Please give your entry a title that is descriptive of the entry

SYNOPSIS OF ENTRY

Please give brief description of the person being nominated and why they are being nominated. *This will be used for promotional purposes.*

Please write no more than 100 words.



THE NOMINEE

Describe why the nominee should be considered for this award.

Consider how the individual has impacted on the quality of life of the resident(s) and their families and staff.

Please include examples.

Please write no more than 400 words.

4. ADDITIONAL MATERIAL

We/I have enclosed additional material/information to support our entry (optional).

5. DECLARATION

NOMINATOR

I (the nominator) understand that by signing this nomination form, I am supporting the nomination of this individual, and that I may be asked for further supporting information by the judging panel.

PRINT NAME

SIGNATURE