



**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)

Please use the following format for your nomination:

- 1. The length of time and the positions the nominee has held in the health care setting.**

2. A description of the impact the nominee has made in health care field, giving specific examples.

3. A description of what the nominee has done to promote the profession of social work, citing specific projects, initiatives, events, etc.

4. A list of any committees/groups the nominee was involved in at work.

5. 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.

6. 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.

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