Nomination Form

[**The Health Consumers Council Excellence Awards**](http://www.hconc.org.au/health-consumer-excellence-award-nominations/) **were created to honour the everyday heroes in health in WA, from the administrator to the clinician. We also recognise health consumers who go out of their way to make a difference to our health system.**

**Winners and Finalists are announced at the Awards Ceremony held during Patient Experience Week, the last week in April. All nominators and nominees are invited to this event.**

* 1. As the person filling out this Nomination form, are you

[ ]  An individual community member



Community Member Nominator

\* 2. Which person or organisation would you like to nominate?

|  |  |
| --- | --- |
| **Name** |  |
| **Company** |  |
| **Address** |  |
| **City/Town** |  |
| **State** |  |
| **Post Code** |  |
| **Email Address** |  |
| **Phone Number** |  |

\* 3. Which award would you like to nominate them for? Tick all that apply

|  |  |
| --- | --- |
| [ ]  Health Organisation Award | [ ]  Rosemary Caithness Award |
| [ ]  Health Professional Award | [ ]  Aboriginal/ Torres Strait Islander Award |
|
|
| [ ]  Health Consumer Award | [ ]  Compassionate Care Award |
|
|

\* 4. Have you told them you have nominated them?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No, and I am happy for you to contact them |

|  |  |
| --- | --- |
|  |  |

Any comments?

* 5. What happened to make you want to nominate this person or organisation?
* 6. Can you comment on how this person or organisation involves consumers? (Don't worry if this is not relevant)
* 7. Do you have anything to add about how this person or organisation provides a service to the community at large?

* 8. How can we contact you to invite you to the Awards Ceremony to be held on Friday 26th April 2019? All nominators are invited!

|  |  |
| --- | --- |
| **Name** |  |
| **Company** |  |
| **Address** |  |
| **City/Town** |  |
| **State** |  |
| **Post Code** |  |
| **Email Address** |  |
| **Phone Number** |  |

\* 10. Do you have any dietary requirements?

[ ]  No [ ]  Yes

If yes, please specify

\* 11. Do you have any access requirements?

[ ]  No [ ]  Yes

If yes, please specify

\* 12. How did you hear about HCC's Awards?

|  |  |
| --- | --- |
| [ ]  Website | [ ]  e-news |
| [ ]  Word of mouth | [ ]  Social Media |
| [ ]  At an HCC event |  |

Other (please specify)



Thank you

**Thank you for making the time to nominate an Everyday Hero in Health. We look forward to seeing you at the Awards Ceremony!**