

HCC Excellence Award Nomination - Health Consumer Award

Health Consumer Award

This category is for consumer representatives demonstrating excellence in speaking up for the importance of a kind, patient-centred health care system. The Award recognises health consumer representatives who have an ongoing commitment to positive partnership with our health system to improve the patient experience.

* 1. Are you nominating yourself or someone else?
Myself
Someone else

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HEALTH CONSUMERS'
COUNCIL

* 2. Who are you nomi	nating?	
First and Last Name		
Company		
Address		
Address 2		
City/Town		
State/Province		
ZIP/Postal Code		
Email Address		
Phone Number		

ealth care sys	stem? <i>Please prov</i>				of a kind, patient-cent
4. Can you pr	ovide examples?	wnat projects o	r initiatives have t	ney been working	on? <i>Please provide a</i>
	een 50 and 300 w	ords.			
		ords.			

	to nominate them? How h				sentative
or a champion for cons	sumer engagement? Plea	se provide a res _l	ponse between 50	and 300 words.	
* 6. Your details					
Name]		
]		
Email Address]		
Phone Number					
HEALTH CONSUMERS' COUNCIL					
HCC Excellence	Award Nomination - H	lealth Consum	er Award		
Health Consumer A	ward				

* 7. Your details				
First and Last Name				
Organisation				
Address				
Address 2				
City/Town				
State/Province				
ZIP/Postal Code				
Email Address				
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health care system? P	lease provide a respon	se between 50 and	I 300 words.	

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Thank you for your nomination. You will be notified via email when ticket registration is open for the awards ceremony.