

Compassionate Care Award

Please read the award description below to determine whether your nominee fits the criteria for this award.

This award is to acknowledge compassionate people working or volunteering in a health service providing support and/or direct patient care. Through their kindness, empathy and compassion they improve the patient experience, providing outstanding care and inspiring others to achieve excellence in person-centred support.

This award is for individuals working or volunteering in health services in any capacity, from GP, specialist and allied health, to patient services, administration and support. This award is also for teams of compassionate health care providers, who demonstrate effective multi-disciplinary care.

*Nominations that are supported by work colleagues, community members, consumers or carers will be highly regarded



Your details		
* 1. Your details		
Your Name		
Email Address		
Phone Number		
* 2. Who are you nomi	nating?	
Name of individual		
Address		
Address 2		
City/Town		
Post code		
Email Address		
Phone Number		
	ion about you or carer nominating someone else myself/a colleague	



Nominating someone else

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* 4. Why do you want to nominate this person? In what way have they demonstrated compassionate care?

lease provide a response between 100 and 300 words.					



Nominating yourself or a colleague

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Supporting Documentation

8. If you would like to add any supporting documentation, please upload here.

Choose File

Choose File

No file chosen

Thank you for your nomination. You will be contacted at a later date with a registration link to attend HCC's Awards Night. If you have any questions, please contact (08) 9221 3422 or info@hconc.org.au.