

The Loraine Anderton Award of Excellence in Health Services - MENTOR Nomination Form

This award recognizes outstanding mentors who are pursuing and contributing to the dynamic fields within health services.

Nominator Information (to be completed by the person submitting nomination)

First Name

Last Name

Address Line 1

Address Line 2

City

Provinces

Country

Postal Code

Phone Number

Work Phone

Ext.

Nominator's Email Address *

Organization/Company

Relationship to Nominee

Preferred method of contact

Main Phone Work Phone E-mail

Nominee Information (information about the individual being nominated)

First Name

Last Name

Address Line 1

Address Line 2

City

Provinces

Country

Postal Code

Phone Number

Work Phone

Ext.

Nominee's Email Address *

Organization/Company

Health Organization

Preferred method of contact

Main Phone Work Phone E-mail

Mentor Nomination Support Commentary Form (must be completed by the nominator)

Describe how the mentor demonstrates being a **Guide** and a **Teacher**? *Provide examples to support your application.* *

Explain how the mentor **Supervised** and provided feedback to help youth interns develop their skills. *Provide examples to support your application.* *

Describe how the mentor was a **Safety Advisor** for youth interns. Provide examples. *

Tell us why you think the Nominee deserves to be recognized. *Provide examples to support your application.* *

Supporter Information (each nomination must be accompanied by a second letter of support different from the nominator)

Supporter is a:

- Student/Parent School/School Administrator Employer

First Name

Last Name

Letter of Support File Upload

No file chosen

Mentor Nomination Consent Form

NOMINATOR'S CONSENT (to be completed by the person submitting the nomination)

- I certify that the nominee has agreed to be nominated for the Loraine Anderton Award.
- I certify that I, the nominator, consent to participate in all awards-related events and to allow use of the included information and photographs in any award-related promotion by CAREERS: The Next Generation.
- I certify that the applicable eligibility criteria has been met and the information within this nomination is current and accurate.

I permit CAREERS: The Next Generation to disclose my contact information to:

- The nominee
- The nominee's organization of work
- The intern's school and school board authority
- Media (print, television, radio and internet)

[Contact Information](#)