

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

This award recognizes promising interns 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)

Please confirm the criteria has been met: \*

- Student has participated in Health services placement within *Oct. 1, 2017 - Sept. 30, 2018*

First Name

Last Name

Address Line 1

Address Line 2

City

Provinces

Country

Postal Code

Phone Number

Work Phone

Ext.

Nominee's Email Address \*

High School

Applied or Enrolled to post-secondary, related to Health Services:

Yes  No

Name of post-secondary institution, related to Health Services

Title

Health Organization

Preferred method of contact

Main Phone  Work Phone  E-mail

### Details of Health Intern Placement

Health Career Pathway  
(ex: Lab Assistant)

Year of Intern  
Placement

Evaluation of support attached:

Yes     No

Evaluation of support (file upload)

No file chosen

**Student Nomination Support Commentary Form** (must be completed by the nominator.)

Describe how the student intern demonstrates **Enthusiasm** and **Professionalism** in the workplace. \*

Describe a situation where the student intern demonstrates being an **Active Learner** and **Engaged** in learning & completing tasks of their internship. \*

Describe how the student intern demonstrates a high value and respect for **Safety procedures** in the workplace. \*

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

## Student 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)

Submit

[Contact Information](#)