



# Siksika Health Services

## Employee Recognition Nomination Form

### WHO CAN SUBMIT A NOMINATION?

Nominations may be submitted by employees, managers, physicians, volunteers, patients, clients, families, community members, and organizational partners.

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### WHO CAN BE NOMINATED?

Eligible nominees include individual employees and teams who demonstrate the values and criteria outlined in the program.

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### HOW TO SUBMIT A NOMINATION

Complete the nomination form (online or printed) by sharing:

- Who you are nominating.
  - Which organizational value(s) they demonstrated.
  - A description of what they did.
  - The impact their actions had on clients, coworkers, or the community.
  - Specific examples that help illustrate why they deserve recognition.
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### RECOGNITION PROCESS

- Submit your nomination form (online or printed format).
- Nominations are reviewed by the Recognition Committee.
- Recipients are selected based on how well they demonstrate our organizational values.
- Successful nominees are recognized through organizational communications and recognition events.

## SUBMIT A NOMINATION

Help us recognize the individuals and teams who make Siksika Health Services an exceptional place to work and receive care. Complete the form and submit to Siksika Health Services' front Receptionist, to nominate a Siksika Health staff or team.

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### Are you Nominating an Individual or Team? (Required)

☐ Individual

☐ Team

|                                                                     |  |
|---------------------------------------------------------------------|--|
| <b>Name of the Individual or Team You Are Nominating (Required)</b> |  |
|---------------------------------------------------------------------|--|

### Which organizational value(s) did the nominee demonstrate? (Required)

- ☐ **Teamwork:** We treat each other with respect, trust, dignity, and support.
- ☐ **Resiliency:** We stay positive and keep going, even when things are hard.
- ☐ **Leadership:** We take initiative and show strong, committed, and creative leadership.
- ☐ **Client-focused:** We provide care and services based on what our clients need.
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**Please provide specific examples of how the nominee demonstrated the selected organizational value(s).** (Required) *Describe the actions, behaviours, or accomplishments that made a positive impact on clients, patients, families, coworkers, the organization, or the community.*

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**What best describes your relationship to Siksika Health Services?** (Required) *Select one.*

- |                                                 |                                    |
|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Patient / Client       | <input type="checkbox"/> Manager   |
| <input type="checkbox"/> Family Member          | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Community Member       | <input type="checkbox"/> Other:    |
| <input type="checkbox"/> Organizational Partner |                                    |
| <input type="checkbox"/> Volunteer              |                                    |
| <input type="checkbox"/> Employee               |                                    |

**What is your name?** (Optional) *You may choose to submit your nomination anonymously.*

|                   |  |
|-------------------|--|
| <b>First Name</b> |  |
| <b>Last Name</b>  |  |

**Contact Information** (Optional) *This information will only be used if clarification or additional details are needed about your nomination.*

|                     |  |
|---------------------|--|
| <b>Email</b>        |  |
| <b>Phone Number</b> |  |

**May Siksika Health Services share this nomination story publicly?** (Required) *This may include recognition announcements, newsletters, social media, the website, or other organizational communications.*

- ☐ Yes
- ☐ No