**2023 *Making Waves Awards***

**Outstanding Contribution Award**

# Deadline: May 31, 2023 by 4:00 PM

Recognizes the contributions of an ***exceptional physician, employee or team*** in their daily delivery of service to others. Aligned to one of the three strategic directions, their positive contribution is exemplified by consistent collaboration, creativity and enthusiasm for the work they do.

## Eligibility

This award is open to a ***physician, employee or team*** who demonstrates the following:

* Innovation and creativity
* Service excellence
* Collaboration and developing coalitions
* Individual and team leadership excellence
* Fiscal sustainability
* Engagement and culture
* Diversity and social inclusion

## Outstanding Contribution award nomination form

Please be sure to **complete all sections and address each point within the template** to the best of your ability.

Other supporting documentation *(optional)* such as photographs, news clippings, other awards of recognition, patient/provider testimonials, etc., may also be included in support of the nomination and may be uploaded as part of the nomination process. Please include this documentation at the end of the nomination form.

We request that you use this template to submit your nomination. Please send this completed template documentation to [MakingWaves@nshealth.ca](mailto:MakingWaves@nshealth.ca) as **one single PDF document.**

## selection process

* A total of three judging committees will be established – one for each award category. *(Research and Innovation, Community Excellence and Employee and Physician Excellence);*
* Judges will be selected by the Executive Team with an ELT Member assigned to lead the finalization of recipients in each category;
* Each judging committee will include at least one Patient/Family Advisor.

A firm deadline for submissions is established annually. For the ***2023 Making Waves Awards***, that deadline will be **May 31, 2023 at 4:00PM.**

**Submission Form**

**2023 *Making Waves Awards***

**Outstanding Contribution Award**

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Main contact information of the ***nominator*** for administrative purposes

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Department:** |  |
| **Work Address:** |  |
| **Phone:** |  |
| **Email:** |  |

Main contact information of the ***nominee*** for administrative purposes

***For team nominations,*** please include information for the team leader/main point of contact

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Department:** |  |
| **Reporting Manager:** |  |
| **Work Address:** |  |
| **Phone:** |  |
| **Email:** |  |

## **1. Please describe how the nominee(s) demonstrated outstanding individual or team achievements that have had a significant impact on health policy, service delivery, organizational culture and/or continuous improvement:**

Type here in black font

## **2. Please describe how the nominee(s)’s achievements have reflected NS Health’s vision, mission and values:**

Type here in black font

## **3. Please describe how the nominee(s)'s achievements demonstrated exceptional individual or team leadership to advance NS Health’s strategic goals and priorities:**

Type here in black font

# *Optional*: Please include any supplementary information supporting this nomination, if applicable.