



*Above and Beyond  
For Our Community*

## Dr. David Scott Award Nomination Form

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The Dr. David Scott Award recognizes individuals or groups who have made an outstanding contribution to the overall health and well-being of the Dufferin-Caledon community. Nominees will be evaluated based on three criteria: breadth of community service, achievements and impact on the community. Award recipients will be announced at the Headwaters Health Care Centre Annual General Meeting in June. Please print and complete all sections.

### 1. Nominee Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Nominator Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

### 3. My Reason for Making this Nomination:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. References: Please include the names of one or two people who can provide additional information about the nominee's community service.

1. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

2. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

**Evaluation Questions:**

Please provide answers to the following questions on a maximum of two separate typed pages. Clearly state the question and then provide your answer.

1. Provide a detailed description of the nominee's breadth of community service - name of the organization(s) with whom the nominee has worked or is associated, with dates relating to each organization.
2. Highlight up to five achievements related to the nominee's work.
3. Describe up to three ways the community benefits from the nominee's work (i.e., their contributions to the overall health and well-being of the Dufferin-Caledon community and/or work to promote linkages between the community and the hospital).

**Letters of Support:**

You may include letters of support from a community member, business or organization, with your nomination package. Tell us about your nominee and how the person or organization has gone above and beyond for our community. The letters of support should include full contact information for the person providing the letter.

**Declaration Statement:**

**The nominator must read the following declaration statements and provide a signature in agreement that these statements are true:**

- In answering the evaluation questions, I have provided, to the best of my ability, accurate details describing the nominee's community work.
- I have read the attached letter(s) of support and certify that they accurately describe the nominee's work.
- I grant Headwaters Health Care Centre permission to disclose my name to the nominee and to include my name and the name of the organization, where applicable, in promotional materials relating to the award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Information:**

Please be sure to include the following in your Dr. David Scott Award nomination package. Check off if all pieces have been included:

- Completed nomination form
- Answers to the three evaluation questions on a maximum of two typed pages
- Letter(s) of support

**Submission Deadline:**

Please submit your completed nomination form and supporting documents by April 30, 2010 by **FAX to 519.942.0483** OR **MAIL to:** Administration, Headwaters Health Care Centre  
100 Rolling Hills Drive  
Orangeville, Ontario L9W 4X9

Questions about the award submission can be emailed to [dhyatt@headwatershealth.ca](mailto:dhyatt@headwatershealth.ca). Nomination forms are also available on the website at [www.headwatershealth.ca](http://www.headwatershealth.ca).

**Deadline for Nominations - April 30, 2010**