

Dr. David Scott Award NOMINATION FORM

The Dr. David Scott Award honours individuals or groups who go above and beyond to improve the overall health and wellness of our residents in Dufferin-Caledon and promote linkages between the community and the hospital. The award is unique and specially designed to recognize exemplary service and contribution to the community. The award recipient will be announced at the Headwaters Health Care Centre's Annual Meeting. Nominees will be evaluated by the Board of Director's Governance Committee using three criteria: 1) Breadth of community service, 2) Achievements and 3) Impact on the community. For more information, please visit

www.headwatershealth.ca/ddsa

The deadline to submit your completed nomination form is May 2, 2025, by 5 p.m. Only complete forms received by the deadline will be accepted. Please 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:

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Please provide written answers to the following three questions using a maximum of two typed pages (1,000 words maximum). Clearly state the question and then provide the 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, including 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 wellness 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. Tell us about the 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 by checking off the pieces completed and attached.

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

Submission:

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Please submit your completed nomination form and supporting documents by **May 2, 2025** by 5 p.m. by email to cveneziale@headwatershealth.ca or by regular mail to:

Christina Veneziale, C/O Administration
Headwaters Health Care Centre
100 Rolling Hills Drive
Orangeville, ON L9W 4X9

Questions about the award submission can be emailed to cveneziale@headwatershealth.ca

Deadline for Nominations – May 2, 2025