



Nomination Form

Please note that a good nomination should take **at least 10 minutes** to complete.

Please take time to read through each box carefully and ensure you have filled in all of the relevant information for us to be able to process your application. If you are nominating an external professional please note the name of the organisation they are from in the 'Service' information box.

About You	
Your Name	Service
Relationship to Nominee	Group or Individual Nomination

Individual Nomination (Max 1 Person)	Group Nomination
Name of Individual	Name of Individuals or Service Name
Job Title	
Service	

Which WE CARE qualities do you think the nominee or nominees exemplify?

By selecting one or more of these headings, you are stating that the content of the application will reflect these attributes. **Please ensure you are only ticking the relevant values and try to reference them in the main body of the application.**

Welcoming **Empowering** **Compassionate** **Aspirational** **Respectful** **Effective**

Tick here if you are nominating someone for a Dignity in Care Award

Tick here if you have any supporting documents to send as evidence

Please note if you do not have at least one supporting document, the nomination will not be considered for the Gold or Silver awards.

Reasons for nomination
Please explain why you have nominated this person or team and how they fulfil the WE CARE qualities.

Continued over page...



Awards

creative
SUPPORT

Nomination Form

Reasons for nomination (continued)

Please explain why you have nominated this person or team and how they fulfill the WE CARE qualities.

Outcomes for people we support

Please explain the positive outcomes which are relevant to your nomination.

Please include any supporting documents. Please note at least one supporting document will need to be added to the application for it to be considered for the Gold or Silver award.

Manager statement (including their name)

Service user statement (including their name)

Colleague statement (including their name)

Professional statement (including their name and job title)

Family statement (including the name of the family member)

Photos

Has your manager reviewed this form? - Please tick for yes

Manager signature:

**Please return this form and any supporting documents to
wecare.awards@creativesupport.co.uk.**