PRIX D'EXCELLENCE AWARDS OF EXCELLENCE



La Fondation de l'Hôpital de Montréal pour enfants

The Montreal Children's Hospital Foundation

NOMINATION FORM

Deadline: Friday, January 26th, 2024

NAME OF NOMINEE:				
TITLE: DEPARTMENT:			YEARS OF SERVICE:	
NOMINEE EMAIL:			TELEPHONE (DAY):	
NAME OF SPONSOR/NOMINATOR:		:	<u>:</u>	
TITLE: EMAIL OF SPONSOR/NO		OR:	TELEPHONE (DAY):	
Endorsers are a candidate's peers or other sponsor/nominator must be a different pe	r members of the MCH prson from the endorsers	personnel who support the candida	te's nomination for an Award of Excellence. The	
NAME OF FIRST ENDORSER:				
TITLE:	E-MAI	L:	TELEPHONE (DAY):	
NAME OF SECOND ENDORSER:				
TITLE:		L:	TELEPHONE (DAY):	
Administrative, Clinical and Technical Support Staff Medical Nursing Professional Staff Research Teamwork Community Leadership and Volunteer Nicolas W. Matossian Junior Community You may include the nominee's CV or a short bio, should you feel it would strengthen the nomination.				

Please send nomination packages to:
La Fondation de l'Hôpital de Montréal pour enfants
A/S de Louise Whitty:
lwhi@fhme.com / lwhi@mchf.com

Information:
Louise Whitty:
Iwhi@fhme.com / Iwhi@mchf.com



TO COMPLETE THE NOMINATION PACKAGE, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please refer to the selection criteria to support your answers.

Note: The word "nominee" also represents the team nominated in the Teamwork category.

What makes this nominee stand out among their peers?	Describe the impact of the nominee's work on patients or the Hospital.
Provide examples of how the nominee has distinguished themselves in service to the Hospital and its patients.	Describe the nominee's work to promote the Hospital and its services to children, locally or globally, if applicable.
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