

Awards Nomination Form

**Schizophrenia Society of Canada
Volunteer, Staff and Initiatives/Programs Awards**

Please indicate which award this Nomination is for:

- Bill Jefferies Family Award** (a family member)
- Michael Smith Award for Schizophrenia** (a researcher or clinician)
- Media Award** (an individual or organization)
- Outstanding Achievement Award** (a professional)
- Outstanding Staff Award** (a schizophrenia society staff member)
- Initiatives/Programs of Excellence Award** (a program or initiative)
- Flag of Hope Award** (a consumer)

Please print or type

Nominee (Dr. Mr. Mrs. Ms. Miss, Initiative/Program Name):

Address (Personal/Business/Society/Chapter): *

Telephone (work): _____ Telephone (home): _____

*For individuals, please provide their business/personal contact information.
For initiatives/programs, please provide society/chapter contact information.

Nominator (Dr. Mr. Mrs. Ms. Miss):

Address:

Telephone (work): _____ Telephone (home): _____

Signature: _____ Date: _____

Endorser (Dr. Mr. Mrs. Ms. Miss):

Address:

Telephone (work): _____ Telephone (home): _____

Statement: I have reviewed the completed nomination form in its entirety, and I fully endorse this nomination.

Signature: _____ Date: _____

Please respond to the following items on a separate sheet using no more than 2 pages.

1. Describe how this person or program has promoted the mission of the schizophrenia society: *“To improve the quality of life for those affected by schizophrenia and psychosis through education, support programs, public policy and research.”*
2. Summarize the achievements of the individual/initiative/program.
3. Describe the range of activities and the manner in which the activities were performed.
4. Indicate the extent to which the activities had a significant impact on the chapter, province and/or national level and how these activities meet the criteria of the award.
5. Please state in one sentence why the nominee is deserving of this Award.

Please return this form by June 30, 2010 to:

Schizophrenia Society of Canada
100 - 4 Fort Street
Winnipeg, MB R3C 1C4

Telephone: 204.786.1616

Fax: 204.783.4898

E-mail: info@schizophrenia.ca

Please contact Sangeetha Balachandra at the Schizophrenia Society of Canada if you have any questions or require further information.

CONSENT FORM FOR NOMINEE:

The names and photographs of the Award recipients may be published in the Schizophrenia Society of Canada newsletter, donor correspondence and on the website; and may also be published by the provincial schizophrenia societies.

I have read this nomination form and confirm my assent for the nomination.

Signature of the Nominee

Date