

**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)
- Recovery 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.

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

Address:

Telephone (work): \_\_\_\_\_ Telephone (home): \_\_\_\_\_

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

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**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 July 31, 2011 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](mailto:info@schizophrenia.ca)

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

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### **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.

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Signature of the Nominee

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Date