

# Palliative Care in WA Awards 2021

## Award Nomination Form

### 1. Person submitting the application

Full name: \_\_\_\_\_

Role: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

### 2. Nominee (individual, team or organisation)

Full name (or contact person): \_\_\_\_\_

Role: \_\_\_\_\_

Team name (if applicable): \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

### 3. Which award are you nominating for?

#### Individual awards

Outstanding palliative care professional working in any setting

Outstanding palliative care volunteer working in any setting

#### Team / Organisation awards

Outstanding organisation delivering holistic palliative care in any setting

Outstanding metropolitan team delivering holistic palliative care in any setting

Outstanding regional/rural team delivering holistic palliative care in any setting

Outstanding Local Government Authority supporting a compassionate community approach

### 4. Addressing selection criteria

How has the individual, team or organisation:

1. Demonstrated **excellence** in the delivery of holistic palliative care and/or a compassionate community approach? (150 words maximum)

2. **Respectfully engaged** with clients from Aboriginal and culturally diverse communities? (150 words maximum)

3. Explored **innovative approaches** to delivering holistic palliative care and/or a compassionate communities approach? (150 words maximum)

4. **Partnered and/or collaborated** with other individuals, teams, organisations and communities in the pursuit of holistic palliative care and/or a compassionate communities approach? (150 words maximum)

## 5. Approval by nominee or person with authority

Please tick as appropriate:

I am the nominee and approve the submission of this nomination

I am the authorised representative of the nominated team or organisation and approve the submission of this nomination

Name: \_\_\_\_\_

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

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

Please submit this form to Palliative Care WA at

**awards@palliativecarewa.asn.au** by **Wednesday 15th September 2021.**

Application Guidelines can be found at **www.palliativecarewa.asn.au**



**PalliativeCare**  
WESTERN AUSTRALIA