

# Nomination form

## PALLIATIVE CARE IN WA

### Awards 2023



**PalliativeCare**  
WESTERN AUSTRALIA

#### 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?

- Outstanding Palliative Care Professional sponsored by Paywise
- Outstanding Palliative Care Volunteer sponsored by St John of God Health Care
- Outstanding Team Delivering Holistic Palliative Care sponsored by Carers WA
- Outstanding Achievement Palliative Care for Aboriginal Communities sponsored by Brightwater Care Group
- Outstanding Local Government Authority Supporting a Compassionate Community Approach sponsored by PaSCE Cancer Council WA
- Outstanding Organisation Delivering Holistic Palliative Care sponsored by Bethesda Health Care

#### 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 Friday 15 September 2023.

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

