

TRAILBLAZER AWARD NOMINATION FORM

# The Trailblazer Award

The Trailblazer Award is a celebration of the incredible research, innovation and creativity happening in the sector. The recipient(s) of this award has challenged the status-quo in developing, implementing, and/or prioritizing an innovation or innovative practice in order to improve quality of care for nursing home residents, strengthen quality of work-life, and support the continued advancement of the sector.

**Eligibility:** Any group comprised of long-term care employees, contractors, healthcare providers, or volunteers may be nominated. **(*This includes and is not limited to*: managers, executives, physicians, nurses, CCA’s, recreational therapists, occupational therapists, music therapists, physiotherapists, researchers, and/or volunteers.)**

**Process:** Any employee, contractor, healthcare provider, or volunteer may nominate. Recipients will be selected on the basis of evidence provided by completion of the nomination eligibility criteria.

**Award:** Award winners will be announced October 26, 2022 at the NHNSA Awards Gala

**Instructions:** Please complete **all** prompts. Answer each question completely, providing specific examples or descriptions as requested. When possible, provide quantitative data to support examples. If you require more space, attach a sheet to the nomination form.

## Please submit nomination form to admin@nhnsa.ca by September 27, 2022

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Nominee(s):

Role(s):

Facility/Facilities:

Nominator (Your Name):

Nominator Email:

1. **Detail the innovation or innovative practice - What is it?** *Please provide as many details as possible.* Including but not limited to: name of the project, project objectives, timeline, technologies or innovative practices used, etc.
2. **How has the innovation/innovative practice contributed to the advancement of long-term care?** What benefits has it provided/aims to provide, how has it inspired creativity in the sector, etc.

## Provide details regarding how the innovation or innovative practice can be attributed to the nominee(s).

Date Submitted:

**Please submit completed nomination form to:** **admin@nhnsa.ca**

# To be completed by NHNSA admin only:

Nominee Accepted?

Yes No

Date Accepted: