



ST. JOSEPH'S MENTAL HEALTH SPIRIT OF HOPE AWARD

Nomination Package

Submission Deadline: Tuesday, September 5, 2017, 12:00 (Noon)

AWARD CATEGORIES:

One award will be presented for each of the categories:

- A. INDIVIDUAL**
- B. YOUTH OR YOUTH GROUP/ORGANIZATION (UNDER 19 OR PROVIDES PROGRAMS/SERVICES FOR UNDER 19)**
- C. GROUP/ORGANIZATION**

NOMINATIONS SHOULD BE SENT TO:

St. Joseph's Healthcare Foundation
Attention: Barbara at barbara@stjoesfoundation.ca
224 James St. South
Hamilton, ON L8P 3A9
P: 905-521-6036 F: 905-577-0860

The Award

This award is presented annually at "A Mental Health Morning" breakfast event and is administered by St. Joseph's Healthcare Foundation.

This award honours and celebrates those that have overcome mental health or addiction challenges or made impactful contributions to the mental health care or addiction field.

Three Award Categories

One award will be presented for each of the categories:

- Individual
- Youth or Youth Group/Organization (Under 19 or provides programs/services for Under 19)
- Group/Organization

Selection Criteria

The award recognizes individuals, groups, or organizations in the Hamilton Niagara Haldimand Brant community who have made a significant contribution in one or more of the following areas:

1. Building awareness of mental health and addiction issues in our region
2. Reducing the stigma associated with mental health and addiction
3. Advancing knowledge in the area of mental health or addiction research
4. Advocating for positive change relating to mental health and addiction issues
5. Providing support or treatment to people with mental illnesses and/or addictions, their families, and/or caregivers

Selection Committee

The selection committee is comprised of medical practitioners, peer support representatives, and community representatives.

Nomination Guidelines

The following materials must be submitted to nominate a candidate for this award.

1. Nomination form (attached and online at www.stjoesfoundation.ca).
2. A short summary that details how the candidate meets the selection criteria. Must include examples, relevant life experiences, and notable details. (Not to exceed 2 pages)
3. Up to four supporting documents such as references, letters of recommendations, newspaper articles, editorials, etc. (Not to exceed 10 pages)
4. Submission should not exceed 12 pages and must be in a PDF format emailed to barbara@stjoesfoundation.ca.
5. Submissions should provide a clear and succinct illustration of how the individual, group, or organization has met the above criteria.
6. Only complete applications will be accepted.
7. It is the responsibility of the nominator to ensure the nomination package was received.

Notes:

- Nominators must receive approval from nominees before submitting nomination form.
- Nominees should be prepared for their names to be made public.
- Nominees must be available for the presentation on Thursday, October 5, 2017, 7:30 a.m. – 9:30 a.m.
- Nominees should be aware the presentation will be made at "A Mental Health Morning" breakfast event with an approximate attendance of 500 guests.
- All nominations remain active and eligible for three consecutive selection processes.
- Nominators are welcome to strengthen the nomination package at any time during the three year period.

PART 1 - NOMINEE INFORMATION

Please complete either:

- A - for the Individual you are nominating or
- B - for the Youth you are nominating or
- C - for the Youth Group/Organization you are nominating or
- D - for the Group/Organization you are nominating

A) NOMINEE IS AN INDIVIDUAL

Name of Nominee:	
Home Mailing Address:	
Daytime Phone No.:	
Evening Phone No.:	
Email:	
<i>Organization Name and Address (if applicable):</i>	

B) NOMINEE IS A YOUTH (UNDER 19)

Name of Nominee:	
Home Mailing Address:	
Daytime Phone No.:	
Evening Phone No.:	
Email:	
<i>Organization Name and Address (if applicable):</i>	

C) NOMINEE IS A YOUTH GROUP/ORGANIZATION (PROVIDES PROGRAMS/SERVICES FOR UNDER 19)

Youth Group/Organization Name of Nominee:	
Youth Group/Organization Mailing Address:	
Youth Group/Organization Website:	
Contact Person – Position/Title:	
Contact Person – Home Mailing Address:	
Contact Person – Phone No.:	
Contact Person - Email:	

D) NOMINEE IS A GROUP OR ORGANIZATION

Group/Organization Name of Nominee:	
Group/Organization Mailing Address:	
Group/Organization Website:	
Contact Person – Position/Title:	
Contact Person – Home Mailing Address:	
Contact Person – Phone No.:	
Contact Person - Email:	

PART 2 - NOMINATOR INFORMATION

Please complete either:

- E - You are an individual nominator or
- F - You are a Group/Organization nominator

E) NOMINATOR IS AN INDIVIDUAL

Name of Nominator :	
Daytime Phone:	
Evening Phone:	
Email:	
Name of Seconder:	
Daytime Phone:	
Evening Phone:	
Email:	

F) NOMINATOR IS A GROUP OR ORGANIZATION

Group/Organization Name of Nominator:	
Group/Organization Mailing Address:	
Website:	
Contact Person Name & Position/Title:	
Contact Person Phone No.:	
Contact Person Email:	

- The nominee has been informed of this submission
- The nominee is available to attend the presentation on October 5, 2017. 7:30 a.m. – 9:30 a.m.

Where did you learn about the call for nominations?

- Email
- SJHH Website
- SJHF Website
- CMHA Hamilton Website
- Newspaper
- Other _____

Thank you!

PRIVACY POLICY

St. Joseph's Healthcare Foundation privacy policy adheres to the Personal Information Protection and Electronic Documents Act (PIPEDA).