



APPLICATION FORM

HONOURING EXCELLENCE IN THE
CANADIAN SENIOR CARE INDUSTRY

AWARD

- Distinguished Staff Award Resident Programming Award Innovation With Technology Award

NOMINEE

Name of Nominated Facility or Staff Member (and Position):

Phone: _____ Website: _____

Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

NOMINATORS

Nominator 1: _____ Nominator 2: _____

Position: _____ Position: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

SUPPORTING MATERIAL

Please supply a detailed description, not to exceed 8 single space pages, describing your innovative program or distinguished staff member. Please submit form with high resolution images to help illustrate your submission (300dpi or better).

SUBMITTING

Successful applications must include this form filled out in full, a detailed description and high resolution images. Any application not fulfilling these requirements will be disqualified.

Please submit by September 5, 2016 to Awards@SeniorCareCanada.com