



*Ontario PsychoGeriatric Association*

## **Recognition Award for Excellence**

The OPGA Recognition Award embodies the organization's vision of being the leading voice for those serving elderly persons with mental health needs across Ontario, through leadership, advocacy, education, support, networking and partnerships. Award recipients will demonstrate exceptional skills in the areas of **advocacy, service excellence, and/or leadership**. Recipients will be regulated or non-regulated health care/service providers and will demonstrate commitment to the care of older persons with mental health needs and two or more of the following:

1. Initiates and/or participates in advocacy activities at an organizational or societal level for meeting the needs of older adults with mental health needs.
2. Consistently provides excellent person-centered care/services to diverse older persons with mental health needs and their families.
3. Provides ongoing support to colleagues and co-workers in care and service delivery to older persons with mental health needs and their families.
4. Participates in geriatric mental health care/service continuing education.
5. Continuously provides formal or informal collaborative leadership in the provision of care/service to older persons with mental health needs

### **Submission Guidelines**

Complete the OPGA ***Recognition Award for Excellence Nomination Form*** and submit by

**Monday March 2, 2009 by 5:00 p.m.**

to:

***OPGA Ontario PsychoGeriatric Association***

**e-mail:** info@opga.on.ca  
**mail:** 188 Burnett Avenue, Cambridge, Ontario Canada, N1T 1K3  
**fax:** Amelia Perri 416-226-6930 or 1-877-226-6967



Ontario PsychoGeriatric Association

## Recognition Award for Excellence

### NOMINATION FORM

This form is to be used to nominate an individual in Ontario who works with older persons with mental health issues/illnesses for an OPGA Recognition Award for Excellence. The deadline for nominations is Monday March 2, 2009

#### Information of Person being Nominated:

\_\_\_\_\_  
Name of Individual (*First & Last*)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

( ) \_\_\_\_\_  
Work#

( ) \_\_\_\_\_  
Home/Cell #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Organization Name/Address

\_\_\_\_\_  
Nominee's Role (*e.g. PSW, Nurse, Social Worker, Student*)

\_\_\_\_\_  
Area of Work (*include unit/floor or department*)

**Consider nominee for recognition in the area (s) of:** (*Please check all that apply*)

**Advocacy**

**Service Excellence**

**Leadership**

**Please provide specific example(s) of how this individual demonstrated the following:**

Initiates and/or participates in advocacy activities at an organizational or societal level for meeting the needs of older adults with mental health needs.

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Consistently provides excellent person-centered care/services to older persons with mental health needs and their families.

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Provides ongoing support to others, for example, co-workers in the care and service delivery to diverse older persons with mental health needs and their families

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Participates in continuing education regarding care and services to older persons with mental health needs.

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Continuously provides formal or informal collaborative leadership in the provision of care/service to older persons with mental health needs.

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continued...



