



CALL FOR NOMINATIONS DEADLINE FRIDAY, SEPTEMBER 11th, 2009

The mission of the Personal Support Network of Ontario is to help personal support professionals carry out their job more effectively by offering access to information, resources and tools as well as providing opportunities to connect with a network of professionals in the field. PSNO also strives to publicly acknowledge excellence in the delivery of personal support.

In recognition of their outstanding contributions, PSNO is pleased to announce the 2nd annual Personal Support Worker of the Year Award. **Deadline for nominations is Friday, September 11th, 2009.** Finalists will be chosen by October 6th and the winner announced at PSNO's 3rd Annual Provincial PSW Conference on Monday, October 19th at the Sheraton Parkway, Toronto North in Richmond Hill, Ontario.

NOMINATION REQUIREMENTS

- Nominees must have earned the PSW certificate from an accredited educational institution or program
- Nominees must work in the province of Ontario in either home care or long term care
- Nominees cannot nominate themselves.
- Nominees must provide consent to being nominated.
- Finalist must provide 3 references including one from current employer. Finalists will be notified no later than October 3, 2008.

NOMINATION CRITERIA

Nominees will be evaluated based upon the following criteria. Examples of each should be provided in the nomination summary:

- 1. Professional Knowledge** – Nominee displays extensive and current knowledge of the personal support field as well as knowledge and effective use of community resources and services.
- 2. Patient Care** – Nominee displays an extraordinary ability to relate to and interact with care recipients and shows an exceptional level of empathy and compassion
- 3. Advocacy** – Nominee displays a commitment to improving and advocating the profession of personal support.
- 4. Team Support** – Nominee is an active member of the care support team and provides guidance and leadership to new PSWs entering the field.
- 5. Going Beyond the Call of Duty** – Nominee displays exemplary performance in going above and beyond the call of duty
- 6. Work History** – Please list in bullet form your nominee's work history

NOMINATION PROCESS

- 1.** Complete the attached application form.
- 2.** In 500 words or less, summarize how this individual meets the nomination criteria and provide examples
- 3.** Nominations will be based upon completed application and summary of how the nominee meets the criteria. Nominee consent form must also be completed, signed and submitted with application and summary

Nominations must be received at the PSNO office no later than **Friday, September 11th, 2009.** Please send submissions to Sarah Blakely by email to sarah.blakely@ocsa.on.ca; by fax: 416-256-3021; or by mail to PSW of the Year, 104-970 Lawrence Avenue West, Toronto,



PSW of the Year Nomination Form 2009

| NOMINEE INFORMATION | | |
|--|-----------|--------------|
| Nominee Name: | | |
| Name of Institution and Date of Graduation from PSW Certificate Program: | | |
| Sector of Employment: <input type="checkbox"/> LTC <input type="checkbox"/> Home Care <input type="checkbox"/> Hospital <input type="checkbox"/> Other | | |
| Nominee's Home Address: | | |
| City: | Province: | Postal Code: |
| Phone Number: () | Email: | |
| Nominee's Employer: | | |
| Employer's Address: | | |
| City: | Province: | Postal Code: |
| NOMINATOR INFORMATION | | |
| Your Name: | | |
| Your Address: | | |
| City: | Province: | Postal Code: |
| Phone Number: () | Email: | |
| Relationship to Nominee: | | |



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Nominee's Name:

In 500 words or less, please type or print clearly summarizing why your nominee should be the PSNO PSW of the Year and they fit the nomination criteria. Please include examples. You may complete the summary on this form or on a separate attachment.



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Nominee's Name _____

NOMINEE CONSENT FORM 2009

I, _____, give my consent to be nominated for the PSNO PSW of the Year Award. I further agree to the terms and conditions of the PSNO PSW of the Year Award. I further believe all statements contained in my nomination application to be true.

Signature: _____

Date: _____