| Accolades nomination form- Ancillary Worker |
| --- |

| Name of Employer/Organisation |
| --- |
|  |

| Address of Employer |
| --- |
|  |

| Contact telephone number |
| --- |
|  |

| Contact email address |
| --- |
|  |

| What types of service do you provide? Eg nursing, residential, domiciliary |
| --- |
|  |

| Nominator name |
| --- |
|  |

| Nominee’s full name |
| --- |
|  |

| Nominee job title |
| --- |
|  |

| Date |
| --- |
|  |

| Category criteria  Use these sections to tell us why the nominee deserves this award. Please do not include the name of the nominee or employer in these sections, you may use initials instead. Please do not exceed 100 words per section; anything else will be disregarded. There will be an opportunity to upload two supporting documents at the end of the form. |
| --- |

| How does the nominee deliver excellent service to clients? |
| --- |
|  |

| How do they treat each person as an individual? |
| --- |
|  |

| In what ways do they treat their clients with dignity and respect? |
| --- |
|  |

| Give examples of how they have demonstrated excellence in their role |
| --- |
|  |

| Please demonstrate how they have used initiative within their role in supporting clients |
| --- |
|  |

| Give examples of how the nominee takes special pride in the support they provide |
| --- |
|  |

| Tell us what praise and feedback the nominee has received from their clients |
| --- |
|  |

Please attach up to two supporting documents prior to emailing your completed form to [admin@westsussexpartnersincare.org](mailto:admin@westsussexpartnersincare.org) by 5pm on 19th April 2024