| Accolades nomination form- Office Worker |
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| Name of Employer/Organisation |
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| Address of Employer |
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| Contact telephone number |
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| Contact email address |
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| What types of service do you provide? Eg nursing, residential, domiciliary |
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| Nominator name |
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| Nominee’s full name |
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| Nominee job title |
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| Date |
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| 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. |
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| Give examples of how the individuals attitude has had a positive impact on the service |
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| Please demonstrate how they have used initiative within their role in supporting clients |
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| Tell us about their contribution to team working and how this has had a positive effect on the service |
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| Give an example of a time where the individual has gone ‘above and beyond’ in their role |
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| Give examples of how the nominee takes special pride in the support they provide |
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| Tell us what praise and feedback the nominee has received from their clients |
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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