NSWOC RECOGNITION AWARD

TROPHÉE DE RECONNAISSANCE DE STOMOTHÉRAPEUTE

NOMINATION FORM

Nominating Chapter/Support Group/Association proposante

Contact Person/Personne responsable

Phone/Téléphone

Email/Courriel

Name of Nominee/Nom de la personne proposée:

1. How long has the Nurse been a NSWOC? Depuis quand (est-il/elle) au service de Stomothérapie ?

_____ year(s)/année(s)

2. Describe how they provide services, support and/or guidance to persons with an ostomy in the community (i.e., are they an educator, clinician, consultant, researcher, administrator, etc.)? Comment fournissent-ils des services, du soutien et/ou des conseils aux personnes ayant une stomie dans la communauté (c.-à-d., sont-ils un éducateur, un clinicien, un consultant, un chercheur, un administrateur, etc.) ?

3. Is the NSWOC a member of your Chapter/Support Group? Est-il/elle membre de votre association locale?

☐ Yes/Oui _____ year(s)/année(s) ☐ No/Non

4. Does the NSWOC attend Chapter/Support Group meetings regularly? Est-il/elle présente régulièrement aux réunions de votre association locale?

☐ Yes/Oui How often? Fréquence:

☐ No/Non

5. Does the NSWOC encourage new patients to come out to Chapter/Support Group meetings? Encourage-t-il/elle les nouveaux patients à fréquenter les réunions locaux? *Please note that Ostomy Canada acknowledges that not all NSWOCs are able to participate or encourage participation for a Chapter/Support Group in their area. Veuillez noter que nous reconnaissons que tous les ISPSC ne sont pas en mesure de participer ou d'encourager la participation à un chapitre/groupe de soutien dans leur région.* ☐ Yes/Oui ☐ No/Non

6. Have they been involved in community outreach for Ostomy Canada?? Ont-ils participé à des activités de sensibilisation communautaire pour la Société?

☐ Yes/Oui ☐ No/Non

If yes, please check/Si oui, veuillez cocher:

☐ Uses Trained Visitors in hospital or community/Fait appel aux visiteurs entraînés, à l'hôpital ou communauté

☐ Participates in Visitor Training Program/S'implique dans l'élaboration des cours de formation des visiteurs

☐ Other : please specify/Autre : veuillez préciser:

7. Participates in educational programming at/Est-ce qu'il/elle contribue aux réunions éducatives au:

☐ local level/niveau local ☐ regional level/niveau régional

☐ national level/niveau national

If yes, please describe briefly/Si oui, élaborer brièvement.

8. Does the NSWOC help with Chapter/Support Group and/or national fundraising? Participe-t-il/elle aux campagnes de levée de fonds au niveau local et/ou national? ☐ Yes/Oui ☐ No/Non

If yes, please describe/Si oui, élaborez:

9. Does the NSWOC get involved in the Ostomy Canada Society programs and services? Participe-t-il/elle aux programmes et services de la SCPS? Please check all that applies/Cochez tous ceux qui s'appliquent.

- ☐ Ostomy Canada Magazine
- ☐ Ostomy Canada Connects
- ☐ Chapter/Support Group Newsletter
- ☐ Friends of Ostomates Worldwide
- ☐ Ostomy Canada Youth Camp
- ☐ Ostomy Canada AGM Delegate
- ☐ Other-please specify/Autre-veuillez préciser (like SASO, article submissions to Connects or magazine, 20/40, Gutsy Gang, etc.):

10. Does the NSWOC support their local Chapter/Support Group of Ostomy Canada Society in any other capacity not mentioned? Est-ce qu'il/elle collabore avec l'association locale de l'ACPS autre que mentionné?

☐ Yes/Oui ☐ No/Non

If yes, please describe/Si oui, élaborez:

11 . Briefly comment why you feel the NSWOC should receive the NSWOC Recognition Award. Brièvement, indiquer pourquoi il/elle mérite le trophée de reconnaissance de stomathérapeute.

Completed Maple Leaf Award nomination form to be sent to Ostomy Canada National Office via email to info1@ostomycanada.ca or via mail to 5800 Ambler Drive, Suite 210, Mississauga, ON, L4W 4J4, attention : Awards Committee Leader, by June 1. Le formulaire de mise en candidature dûment complété doit être envoyé au Bureau national de la SCPS par courriel (info1@ostomycanada.c) or par la poste : 5800 Ambler Drive, Suite 210, Mississauga, ON, L4W 4J4 : a/s de : Personne responsable des prix mérite, par le 1 juin.

Selection Criteria for NSWOC Recognition Award Nominee

The following are the criteria that must be adhered to:

1. EXPERIENCE WITH ACCOUNTABILITY AND RESPONSIBILITY
NSWOC functions as an educator, clinician, consultant, researcher, and/or an administrator. A skilled and well-experienced NSWOC contributes and provides services, support and guidance as needed to persons with an ostomy in the community.

2. MEMBERSHIP OF A CHAPTER/SUPPORT GROUP OR NATIONAL SUPPORTER
As a member of good standing the NSWOC must be accessible and participate in the functions and activities of the Chapter/Support Group and Ostomy Canada Society.

3. ATTENDANCE AT CHAPTER/SUPPORT GROUP MEETINGS
Regular attendance as a member of a Chapter/Support Group creates more opportunities to get involved and contribute to the Chapter/Support Group and Ostomy Canada Society.

4. ENCOURAGES CHAPTER/SUPPORT GROUP PARTICIPATION
NSWOC encourages his/her ostomy patients to attend Chapter/Support Group meetings for continuing support and help.

5. INVOLVEMENT IN COMMUNITY OUTREACH SUPPORT SERVICES (COSS)
NSWOC calls on the services of a Chapter/Support Group's trained visitors to meet with new ostomy patients and supports the COSS program by participating in seminars to train ostomy visitors.

6. LEADER/INVOLVEMENT IN EDUCATIONAL PROGRAMS
Good leadership results in productivity. It can bring positive and good influences in helping new ostomy patients and Chapter/Support Group members. One aspect of good leadership is involvement in educational programs at the local, regional and national levels.

7. FUNDRAISER
It is important for the NSWOC to get involved in fundraising initiatives. Increased funding makes it possible for a Chapter/Support Group/ Ostomy Canada Society to engage in development of programs and services.

8. INVOLVEMENT WITH A CHAPTER/SUPPORT GROUP/OSTOMY CANADA SOCIETY
Ostomy Canada Society provides numerous programs and services which are beneficial to its members. An NSWOC who participates in any of these programs/services is in a great position to share his/her expertise, to promote better communication and to mentor its members.

9. PATIENT SUPPORT & RELATIONSHIP
The NSWOC nominee helps to develop meaningful relationships. A good communicator and listener, with a caring and compassionate attitude, helps new ostomy patients and members increase their self-esteem and improve their 'quality of life'. With these overall characteristics an NSWOC encourages Chapter/Support Group members to support each other.