

CERTIFICATES OF RECOGNITION AND ACHIEVEMENT



Nomination form

The CUPE Health Care Council of Saskatchewan presents annual Certificates of Recognition and Achievement in three different categories:

Category #1: The Food Excellence Certificate

This certificate recognizes facilities that promote health and well-being by serving good quality food that is prepared fresh daily on site.

Category #2: Supporting the Local Community Certificate

This certificate is presented to the health facilities that buy locally and help to strengthen our community.

Category #3: The People's Choice Award

This award is presented to health facilities that 'cater' to the needs of patients and residents by going the extra mile to improve their quality of life.

To nominate a facility in one of the three categories, please complete the form for that category. The deadline for nominations is September 7, 2007.

Each form must include the names of three people (nominators) supporting the nomination. One of the three must be an elected leader in the community (mayor, councillor, union leader, etc.) All three should have first hand knowledge of the facility – either because they work there, they live there or they visit there!

NOTE: Each facility can only be nominated in one category. Please fill out the corresponding form.



CATEGORY # 1. THE FOOD EXCELLENCE CERTIFICATE

To be eligible, this facility must serve, hot nutritious meals, prepared fresh daily on site. The facility cannot use rethermalized food systems or depend on pre-packaged food products. At least 75% of the food prepared in this facility must be made from scratch.

Nominator #1

My name is:

My phone number: (h)

(w)

My mailing address:

Name of the facility you are nominating:

How many patients/residents are in this facility?

How many CUPE members work in dietary in this facility?

I am employed in this facility: Yes No

If yes, describe your position.

Name of city/ town where the facility is located:

How many people live in the community?

1. Why should this facility receive this certificate?

2. What do people in the community think of the food served in this facility?

Nominator #2

Name: _____

Position in the community: _____

Mailing address: _____

Ph: _____

4. Add your comments about why you feel this facility deserves this certificate:

Signature: _____

Nominator #3

Name: _____

Position in the community: _____

Mailing address: _____

Ph: _____

4. Add your comments about why you feel this facility deserves this certificate:

Signature: _____

Send completed forms by September 7, 2007 to: CUPE Food Excellence Committee,
CUPE Health Care Council, 3731 East Eastgate Drive, Regina, SK S4Z 1A5
Or fax to: (306) 757-0102 Attn: CUPE Food Excellence Committee

Category # 2. Supporting the Local Community Certificate

Presented to health facilities that buy locally and contribute to the well-being of their communities.

Nominator #1

My name is:

My phone number: (h)

My phone number: (w)

My mailing address:

Name of the facility you are nominating:

How many patients/residents are in this facility?

How many CUPE members work in dietary in this facility?

I am employed in this facility: Yes No

If yes, describe your position.

Name of city/ town where the facility is located:

How many people live in the community?

1. Why should this facility receive this certificate?

2. How much of the food prepared in this facility is bought locally? Why is buying locally important to your community?

3. In what ways does the facility contribute to the well being of the community?

Nominator #2

Name:

Position in the community:

Mailing address:

Ph:

4. Add your comments about why you feel this facility deserves this award:

Signature:

Nominator #3

Name:

Position in the community:

Mailing address:

Ph:

4. Add your comments about why you feel this facility deserves this award:

Signature:

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Category #3. The People's Choice Award

Presented to dietary staff who go the extra mile 'to cater' to their patients or residents, by organizing festive occasions, special meals or other events to improve people's quality of life.

Nominator #1

My name is: _____

My phone number: (h) _____ My phone number: (w) _____

My mailing address: _____

Name of the facility you are nominating: _____

How many patients/residents are in this facility? _____

How many CUPE members work in dietary in this facility? _____

I am employed in this facility: Yes No

If yes, describe your position. _____

Name of city/ town where the facility is located: _____

How many people live in the community? _____

1. Describe why you feel this facility deserves to receive the People's Choice Award:

2. Give specifics about ways the dietary staff "cater" to residents/patients.

2. Are people in your community aware of the "good work" that is being done by the dietary staff? Yes No

If yes, provide a few examples of what people are saying about dietary staff in this facility.

Nominator #2

Name:

Position in the community:

Mailing address:

Ph:

4. Add your comments about why you feel this facility deserves this award:

Signature:

Nominator #3

Name:

Position in the community:

Mailing address:

Ph:

4. Add your comments about why you feel this facility deserves this award:

Signature:

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