

## Would You Like to Say Thank You to Your Clinicians? Share Your Story!

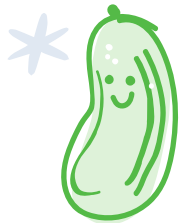
Jake's Award for Amazing Health Care Providers is a recognition program that honours and celebrates the skillful, compassionate care that health professionals at Holland Bloorview provide each and every day. Throughout the year, a Holland Bloorview clinician - nominated by their colleagues, clients and/or families – will be selected to receive Jake's Award.

A Jake's Award recipient is a clinician who clearly understands our vision of the most meaningful and healthy future for all children, youth and families. Their ability to deliver exceptional client and family-centred care, exemplify the kind of clinical staff that our clients, families, and teams recognize as an outstanding role model and leader.

A Jake's Award recipient embodies the Holland Bloorview values of compassion, equity, courage and resilience, excellence and innovation.

Jake's Award for Amazing Health Care Providers is generously supported by Cure PMD foundation. In appreciation for all the health professionals that have helped Jake Trossman and his family throughout the years, this award offers a public 'thank-you' for examples of exceptional care.

**The deadline for Nominations is July 5th, 2024.**



I would like to nominate (name of clinician): \_\_\_\_\_ from the program \_\_\_\_\_.

**Please describe a specific example or story that demonstrates how this clinician:**

- Exemplifies the vision, mission and values of Holland Bloorview Kids Rehabilitation Hospital
- Recognizes and celebrates the unique needs, hopes and passions of each of our clients, families and caregivers
- Shows extraordinary skill and compassion in the delivery of care/service
- Connects with clients and families

\* Include specific stories describing why this clinician shows the criteria listed above

\*\*Personal knowledge of the employee is not taken into account, stories help scorers in deciding the winner of the award

Thank you for taking the time to nominate your clinician for this award. Please tell us about yourself, so that we may include you in the celebration if this clinician is the award winner.

Name: \_\_\_\_\_ Date of nomination: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a (please check one):  Client  Family Member  Colleague

By signing this nomination sheet I consent to the use of this information for selecting the recipient of the award and then to share within the context of the awards ceremony. I also understand that I can change my mind about providing consent, in which case I should send an email to [starawards@hollandbloorview.ca](mailto:starawards@hollandbloorview.ca)