



Edmonton and Area Fetal Alcohol Network Award of Excellence FASD Day 2010

Nomination Package – Nominations due: August 13, 2010

The Edmonton and Area Fetal Alcohol Network- Award of Excellence recognizes the significant accomplishments of individuals working in the field of Fetal Alcohol Spectrum Disorder. The Award of Excellence aims to strengthen pride in service delivery, call attention to outstanding work and provide an opportunity to showcase the achievements of individuals in this field. The award recipient as well as all nominees will be announced at the 2010 FASD Day Breakfast Event on September 9, 2010.

This award will celebrate an individual who has:

- Made significant contributions as related to the support/intervention/prevention of Fetal Alcohol Spectrum Disorder.
- Demonstrated initiative, innovation and leadership.
- Shown persistence in the face of adversity or roadblocks.
- Ability to empower community.
- Engaged in community partnerships and collaboration opportunities.

Eligibility:

- The nominee must work in Edmonton or the surrounding area (Region 6 boundaries).
- All nominees must consent by their signature on the nomination form to the publication of their names, photographs and biographies.
- The nominee must go above and beyond the roles of his/her position to contribute to FASD prevention, awareness and/or support

Please submit 2 copies of the 'Nomination Form' and 2 copies of the 'Letter of Support' to:

Edmonton and Area Fetal Alcohol Network
#29137 Jasper Avenue
Edmonton, Alberta
T5H3T2

International FASD Day – September 9 2010



Nomination Form

Nominee (Please print)

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Res.Phone: _____

Bus. Phone: _____ Fax: _____

E-Mail: _____

I consent to my nomination for the above Edmonton and Area Fetal Alcohol Network's Award of Excellence. I give consent for my name, photograph, and biography to be published in connection with these awards.

Nominator (Please print)

Name: _____

Relationship to Nominee: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Res.Phone: _____

Bus. Phone: _____ Fax: _____

E-Mail: _____

I hereby declare the information contained in this nomination form to be true to the best of my knowledge.

Lined writing area with 20 horizontal dashed lines.

(Please attach additional pages if needed)

Supporter's Name (Please Print)

Supporter's Signature

I hereby declare the information contained in the attached letter of support to be true to the best of my knowledge.



Selection Process

The Selection Committee is comprised of members of The Edmonton and Area Fetal Alcohol Network. The Selection Committee bases its decisions exclusively on information submitted. The following criteria are used in the selection of the award recipient:

- ❖ The originality, innovation, excellence and/or effect of the nominee's contribution.
- ❖ The personal integrity, leadership ability, dedication and/or perseverance of the Nominee.
- ❖ The peer recognition of the Nominee's achievement/contribution.
- ❖ The impact of the Nominee's contribution in Edmonton/surrounding area.
- ❖ The Nominees dedication to prevention/awareness/support of Fetal Alcohol Spectrum Disorder.

All nominations will be treated confidentially. Nominators may be contacted to clarify information provided in the nomination form.

All nominations must be submitted by August 13, 2010. Please mail or deliver nomination forms (2 copies of 'Nomination Form' and 2 copies of 'Letter of Support') to:

Edmonton and Area Fetal Alcohol Network
#29137 Jasper Avenue
Edmonton, Alberta
T5H3T2

For additional information or questions, please contact:

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