



Excellence in Care Awards 2007

Reference ID (Office Only)

1. AWARD CATEGORY

Please tick/cross the category for which you are entering

Note: Only ONE category may be entered on each entry form, but facilities may submit more than one entry form to enter into different categories

- (A) Community Connections
- (B) Training and Staff Development
- (C) Innovative Delivery
- (D) Built and Grown Environment

2. NOMINATION INFORMATION

Name of Nominated Facility, Organisation or Person

Business Address of the Nominee

Phone

Email

Are you a current HCPNZ financial member?

Note: Your facility must be registered as a current financial member to be considered for these awards

- YES Our facility/organisation is a current HCPNZ financial member
- NO Our facility/organisation is NOT a current HCPNZ financial member
If you are not a current financial member, please discontinue filling out this form

3. DETAILS OF THE PERSON NOMINATING

Name of the person nominating this person/facility or organisation for this award

Address of the person nominating this person, facility or organisation for this award

Phone

Email

