



NURSES SPECIALIZED IN
WOUND, OSTOMY AND CONTINENCE
CANADA
INFIRMIÈRES SPÉCIALISÉES EN
PLAIES, STOMIES ET CONTINENCE
CANADA

Mölnlycke Health Care Indigenous Award

Description of Award

The Mölnlycke Health Care Indigenous Award is designed to recognize the Academic achievement of a student who has identified as being Indigenous and who has demonstrated academic achievement in either the NSWOC Program Program or the Skin Wellness Associate Nurse (SWAN) Program. The successful applicant will also demonstrate how they will use what they have learned from their education program to benefit their community.

Objectives

To recognize:

1. Academic excellence in wound, ostomy and continence education
2. The vision of an Indigenous NSWOC or SWAN graduate that demonstrates how they will “give back” to their community.

Criteria

The recipient of this award must:

1. Identified as being Indigenous
2. Be a Member of the NSWOCC in good standing (Provide evidence of current membership registration)
3. Have graduated from the NSWOC Program or SWAN Program within the past 3 years (must provide evidence of date of graduation)
4. Provide Social Insurance number
5. Provide a photo and a short story of their nursing background and their reason for taking the NSWOC Program or SWAN program and give permission for these to be published in the NSWOC Advance
6. Answer 1 question, max 500 words, which would be reviewed and scored by the NSWOCC NSWOC Program Awards committee.

Question

Describe how you have or plan to make a positive impact in your community related to Wound, Ostomy, and Continence nursing (volunteerism, program development, fund raising etc.).

All applications must be submitted by email to: programmanager@wocinstitute.ca and MUST have “Mölnlycke Health Care Indigenous Award” in the subject line.

All applications must be submitted by April 15 each year. Late applications will not be accepted.

- Self-nomination or peer nomination is encouraged
- Incomplete applications will not be reviewed. Please complete the application form below
- Only award winners will be contacted
- Awards will be presented annually at the NSWOCC conference (spring of each year)

For more information contact: programmanager@wocinstitute.ca

Sponsor

Mölnlycke Health Care



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Mölnlycke Health Care Indigenous Award Application Form

Name

Address

City/Town

Province

Postal Code

Phone number

Email

Social Insurance Number

Are you a Canadian citizen?

Yes

No

Do you identify as being Indigenous?

Yes

No

Did you self-nominate for this award?

Yes

No

If peer nominated, is the person aware of this application?

Yes

No

Did you attach evidence that you are a member of NSWOCC?

Yes

No

Did you answer the question(s)?

Yes

No

Did you attach a photo and short background story?

Yes

No

Did you put "Mölnlycke Health Care Indigenous Award"
in the email subject line?

Yes

No

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