

# The Vancouver United Ostomy Association Award

# **Description of Award**

The Vancouver United Ostomy Association Chapter Nurses Specialized in Wound Ostomy and Continence Canada (NSWOCC) NSWOC Program award of \$1000.00 shall be awarded annually (pending funding availability) to recognize a BC NSWOC who has demonstrated a high degree of volunteerism with, and support of, people in the Vancouver, lower mainland or province of BC area living with an ostomy.

## **Objective**

To recognize volunteerism by an NSWOC that "gives back" to the ostomy community in the Vancouver, lower mainland, or province of BC area.

## Criteria

The recipient of this award must:

- Be a resident of British Columbia
- Be a Member of the NSWOCC in good standing (Provide evidence of current membership registration)
- Have graduated from the NSWOC Program within the past 5 years (must provide evidence of date of graduation)
- Provide Social Insurance number
- Provide a photo and a short story of their nursing background and their reason for taking the NSWOC Program and give permission for these to be published in the NSWOC Advance
- Answer 2 questions, max 500 words per question, which would be reviewed and scored by the NSWOC Program Awards committee.

#### **Questions:**

- 1. Describe how you have or plan to make a positive impact on the ostomy community (volunteerism, program development, fund raising etc.)
- 2. What aspects of WOC nursing are you passionate about?
- All applications must be submitted by email to: <a href="mailto:programmanager@wocinstitute.ca">programmanager@wocinstitute.ca</a> and MUST have "Vancouver Ostomy Chapter 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, ensure you have completed the application form below
- Only award winners will be contacted,
- Awards will be presented annually at the NSWOCC National Conference (May of each year)
- For more information contact: <u>programmanager@wocinstitute.ca</u>

#### Sponsor

Vancouver Ostomy Chapter

# **Sponsor Contact Information**

Deb Rooney, President of Vancouver Ostomy Chapter: <u>autodraw@shaw.ca</u>



# The Vancouver United Ostomy Association Award Application Form

Name			
Address			
City/Town	Province	Postal Code	
Phone number	Email		
Social Insurance Number			
Are you a Canadian citizen?		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 two (2) questions?		Yes	No
Did you attach a photo and short background story?		Yes	No
Did you put "Vancouver Ostomy Chapter Award" in the email subject line?		Yes	No

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