

# Emerging Leaders Awards Black Nurses Award

# **Description & Objectives of Award**

The Black Nurses Award is a recognition and financial award aimed at honouring the achievements and aspirations of Black students enrolled in the Nurse Specialized in Wound, Ostomy and Continence (NSWOC) Program or Skin Wellness Associate Nurse (SWAN) Program. This award seeks to celebrate the dedication, resilience, and potential of Black nursing students who are committed to making a positive impact in the field of wound, ostomy, and continence patient care. With a prize of \$500, this award aims to provide support and encouragement to deserving individuals as they pursue their educational and professional goals in healthcare.

#### **Submission Instructions:**

Completed application forms must be submitted via email to <a href="mailto:office@nswoc.ca">office@nswoc.ca</a> by April 15 each year and MUST have "Black Nurses Award" in the subject line. Late or incomplete applications will not be considered. Please complete the application form below. Self-nomination or peer nomination is encouraged. Only award winners will be contacted. The applicant may also indicate if they want their acceptance of the award to remain anonymous.

#### **Selection Process:**

Candidates will be evaluated based on their response to the application question, and potential for making a positive impact in wound, ostomy, and continence patient care. The recipient of the Black Nurses Award will be notified at the NSWOCC National Conference in person. If the nurse is not present at the National Conference, the recipient will be contacted via email within a week after the National Conference.

#### Award Disbursement:

The \$500 award will be disbursed directly to the recipient to support their educational and professional endeavors in nursing. Recipients may be asked to provide proof of registration in the NSWOC/SWAN program before receiving the award. Awards will be presented annually at the NSWOCC National Conference (spring of each year).

#### Note:

By submitting this application, you consent to the use of your personal information for the purpose of evaluating your eligibility for the Black Nurses Award. All information provided will be treated confidentially and used solely for the administration of this award.

For more information contact office@nswoc.ca

## **Sponsor**

Perfuse MedTec Inc.



# Black Nurses Award Application Form

## Criteria:

The recipient of this award must:

- 1. Identify as a Black nurse.
- 2. Be enrolled in the NSWOC Program or the Skin Wellness Associate Nurse Program (SWAN) Program at the time of the application deadline (April 15).
- 3. Be a Member of the NSWOCC in good standing (Provide evidence of current membership registration).
- 4. Provide Social Insurance Number.
- 5. Answer 1 question (max 500 words), answering the question: "After becoming an NSWOC or SWAN, how to you intend on making a positive impact on wound, ostomy and continence patient care?"

Name			
Address			
City/Town	Province	Postal Code	
Phone number	Email		
Social Insurance Number			
Which program are you enrolled in?		NSWOC	SWAN
Are you a Canadian citizen?		Yes	No
Do you identify as Black?		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 application question?		Yes	No
Did you put "Black Nurses Award" in the email subject line?		Yes	No
If selected for this award, would you like your acceptance of the award to remain anonymous?		Yes	No

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