



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

7 Generations Medical Indigenous Award

Description of Award

This Wound, Ostomy, and Continence Education Program (NSWOC Program) Award of \$2,000 recognizes an Indigenous NSWOC Program graduate who has demonstrated a high degree of volunteerism with, and in support of, people in the Indigenous community.

Objectives

To recognize volunteerism by an Indigenous NSWOC graduate that “gives back” to their community.

Criteria

The recipient of this award must:

1. Be Indigenous
2. Be a Member of the NSWOCC in good standing (Provide evidence of current membership registration)
3. Have graduated from the NSWOC Program within the past 5 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 and give permission for these to be published in the NSWOC Advance
6. Answer 2 questions, max 500 words per question, which would be reviewed and scored by the NSWOCC Program Awards committee.

Questions

1. 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.)
2. What aspects of WOC nursing are you passionate about?

All applications must be submitted by email to: programmanager@wocinstitute.ca and MUST have “7 Generations Medical 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 National Conference (spring of each year)

For more information contact: programmanager@wocinstitute.ca

Sponsor

7 Generations Medical



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7 Generations Medical 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 two (2) questions?

Yes

No

Did you attach a photo and short background story?

Yes

No

Did you put "7 Generations Medical Indigenous Award"
in the email subject line?

Yes

No

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