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**BC Cancer Excellence Awards**

**Patient Care Champion**

**Patients/families/caregivers nomination form**

**Submission deadline: Friday, August 16, 2019**

 *In order to submit a nomination you will need to provide individually identifiable information. This collection is authorized by section 26(e) of the Freedom of Information and Protection of Privacy Act. The purpose of collection is to be able to contact you for further information about the nominee/nomination. The information collected will not be used for any other purpose.* As a participant in the nomination process, the information you choose to provide may be stored outside of Canada.  Your consent is implied through completion of this form. *Please contact Sara Camano, Provincial Director at 604.789.3774 or* *BCCancerRecognition@bccancer.bc.ca* *if you have any questions.*

**Has someone on your BC Cancer care team been a champion for your or your loved one’s care?**

**Nominate them for a Patient Care Champion award today!**

The BC Cancer Excellence Awards give us an opportunity to shine a light on some of the inspiring people and teams at B.C. Cancer. Let’s celebrate those who work every day to ensure that the people of BC receive world-class, patient-centered cancer screening, treatment and support.

**A Patient Care Champion is someone who does one or all of the following:**

* Helps improve the care experience of patients and families
* Helps improve your knowledge of the cancer system
* Shows compassion, creativity and teamwork

**How to submit your nomination:**

|  |  |
| --- | --- |
| Keyboard_icon1[1] | Complete the online nomination form[**https://www.surveymonkey.ca/r/2019ptcarechampion**](https://www.surveymonkey.ca/r/2019ptcarechampion) |
| Image result for email icon free | Email this nomination form to: BCCancerRecognition@bccancer.bc.ca |
| Image result for mail icon | Mail this nomination form to:BC Cancer Vancouverc/o Pauline Lee, 6th Floor Fairmont600 West 10th AvenueVancouver, BC V5Z 4E6 |
| Image result for phone icon free | Complete nomination by phone or please call if you have any questions. Call: 604-877-6016 |

**Please complete all sections below. Please submit *one* form for each nomination.**

1. **Your contact information**

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone:** |  |

1. **Tell us who you think deserves a Patient Care Champion award**

|  |  |
| --- | --- |
| **Name:** |  |
| **Floor # / Unit name:** |  |
| **BC Cancer location:** | 🞎 Abbotsford 🞎 Kelowna 🞎 Prince George |
|  | 🞎 Surrey 🞎 Vancouver 🞎 Victoria |
|  | 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Tell us why you believe this person is a Patient Care Champion. Please let us know:**
* How they understood your needs and how you felt listened to.
* How they shared information in ways that you could understand and helped you make decisions.
* How they showed good teamwork.
* What they did to help you understand how the care system works.

Please limit your story to 1 page or 500 words.

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Please check your approval below:

[ ]  You have my permission to share my story with BC Cancer staff, for example in an internal news story. Your name will not be included.