

NOMINATION FORM

Please complete this form to nominate a Worker, Colleague or Branch for the Hales Care Awards.



NOMINEE

Name:

Branch:

NOMINATOR

Name:

Branch:

AWARD CATEGORY *(Select one)*

- Deliver a Personal Approach
- Professional Excellence
- Empower Trust
- Champion Change
- Exceptional Performance
- Top Team
- Best Support Act
- Rising Star

Describe how the nominee meets the criteria for the selected award category in no more than 500 words. The judges will use your submission to evaluate your entry at the first stage of judging. If you want to nominate them for another award category, you will need to complete a separate form.

Make sure your explanation is aligned with the specific award category's requirements. A strong nomination will focus on how the nominee's work matches what the award is looking for.