

Nominate your favourite Nurse for the  
**Caring Nurse Award**

**Nominee Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Position:**

Nurse Practitioner     Registered Practical Nurse     Registered Nurse

**Hospital:**

- |  |   |
|--|---|
| <input type="checkbox"/> Alexandra Marine and General Hospital   | <input type="checkbox"/> Centre Grey Hospital |
| <input type="checkbox"/> Collingwood General and Marine Hospital | <input type="checkbox"/> Durham Hospital      |
| <input type="checkbox"/> Lion's Head & Wiarton Hospitals         | <input type="checkbox"/> Meaford Hospital     |
| <input type="checkbox"/> Orillia Soldiers' Memorial Hospital     | <input type="checkbox"/> South Huron Hospital |
| <input type="checkbox"/> Owen Sound Regional Hospital            | <input type="checkbox"/> Southampton Hospital |
| <input type="checkbox"/> Hanover and District Hospital           | <input type="checkbox"/> Kincardine Hospital  |
| <input type="checkbox"/> Headwaters Health Care Centre           | <input type="checkbox"/> Walkerton Hospital   |

Other (name of facility): \_\_\_\_\_

**Stay Dates** (25 words or less):

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**Description** (1000 words or less):

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Description con't (1000 words or less):

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**Your Contact Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Return completed form to:**

Bayshore Broadcasting  
Attn: Caring Nurse Award  
270 9th Street East, P.O. Box 280  
Owen Sound, Ontario N4K 5P5



Or Fax: 519-371-4242



Office Hours: Monday-Friday 8:30 am - 4:30 pm, closed weekends and holidays