

## HIGH FIVE NOMINATION FORM

I would like to nominate:

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from (service/department):

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as a deserving recipient of the High Five Award.

Please describe a situation involving the associate you are nominating that clearly demonstrates how he/she meets the criteria for the High Five Award (feel free to include additional paper).

Please return to your Ministry Home Care Representative or Agency Front Desk.



MINISTRY HEALTH CARE

[ministryhealth.org](http://ministryhealth.org)  



# HIGH FIVE

SERVICE EXCELLENCE AWARD

 MINISTRY HEALTH CARE

## Nomination Form

The High Five Award recognizes Ministry Health Care associates for demonstrating commitment to ...

**Healthcare That Works, Healthcare That is Safe and Healthcare That Leaves No One Behind, for Life.**

## What is the High 5 Award?

The High Five Award recognizes Ministry Health Care associates for demonstrating commitment to providing ... **Healthcare That Works, Healthcare That is Safe and Healthcare That Leaves No One Behind, for Life.**

These associates (with exception of direct care RNs who are eligible for the DAISY award) are celebrated for their continuous support of our mission, role-model behavior and compassionate presence in the work place.

## She/he consistently meets the following criteria:

- Applies exceptional interpersonal skills with patients, families, peers or colleagues
- Demonstrates mutual trust, respect and emotional support to all
- Has significantly made a difference and creates a sense of community
- Generates enthusiasm and energy
- Listens not only with ears but also with heart

Each High Five Award recipient will be recognized at a celebration in her/his department and will receive a certificate and several keepsakes.



## How to nominate a deserving associate?

Patients, visitors, nurses, employees and physicians may nominate an associate by filling out this form.

Thank you for taking the time to nominate a deserving associate for this award. Please tell us about yourself so we may include you in the celebration of this award should the associate you nominate be chosen.

Your Name:

Email:

Phone:

I am a:

- Patient
- Visitor
- Associate
- Clinician
- Volunteer

Date: