

CUPE'S NATIONAL HEALTH AND SAFETY AWARD

The closing date for nominations is August 5th, 2015

Do you know an individual who has made a significant health and safety contribution?

CUPE's National Health and Safety
Committee would like to hear from you.
The National Health and Safety Award is
presented at the National Convention. The
award winner will receive a commemorative
plaque and CUPE will make a donation
to the social justice organization on the
winner's behalf.

To make a nomination, please complete this form and send it to: CUPE National Health and Safety Award

Health and Safety Branch CUPE National Office 1375 St. Laurent Boulevard Ottawa, Ontario K1G 0Z7 Fax: (613) 237-5508

The committee is looking for an individual:

- Whose actions have helped others.
- Whose activities have:
 - solved problems;
 - achieved important victories;
 - established precedents:
 - improved workplace conditions;
 - helped to recognize occupational illness or disease.
- Who is a CUPE member in good standing or CUPE retired member.
- · Who is a health and safety leader and activist.

Eligibility is confined to CUPE members. CUPE members who are sitting on, or who have been members of the CUPE National Health and Safety Committee within the last three years are not eligible for this award.



Nomination Form

1. Nominee information

Nominations may be made by a Local Union or CUPE Division and **must be signed and supported by the Local or Division President and one other Local or Division Executive member or CUPE staff Representative**. If the Local President is the nominee, then a Vice-President should sign in their place. Information submitted may be verified.

Name of Nominee:				
Local Union No:				
Mailing Address:				
	Number and Street	City	Province	Postal Code
Telephone: ()		()		
Home		Work		
Occupation:				
If retired, occupation when	employed:			
How many years has the n	ominee been a CUPE membe	er?		
	. for Nominatio			

2. Instructions for Nomination

On an additional attached paper(s), please provide us with any letters of support and all relevant information on the contributions to health and safety and the benefits of these contributions. It is preferred that the information be provided in point form using a time-line format.

Relevant information may include any activities performed within the local union, provincial division, federation of labour, CUPE National, CLC, government councils and boards, safety associations, international groups, WCB and any other activities that contributed to the advancement of health and safety. Please limit to a maximum of 2,500 words.

3. Submitted by

Name:			Local Union No:			
Mailing Addre	SS:					
	Number and Street		City	Province	Postal Code	
Telephone:	()	()	Em	ail:		
	Home	Work				
Local or Div	vision President's Signa	ature:				
AND Sign		Signature		Please print		
Local or Div	ision Executive					
Member's S	Signature:					
		Signature		Please print	<u>. </u>	