










ISLINGTON DIGNITY IN CARE AWARDS 2018

Nomination Form

	<ul style="list-style-type: none"> • Please fill in your contact details below • Service users, family and friends may nominate
   	<p>Name of Nominator (Your Name) </p> <p>Your Address </p> <p>Your Telephone Number </p> <p>Your Email </p>
	<p>Category of Service</p> <ul style="list-style-type: none"> • What service do you or your cared for receive? Tick below <p>Domiciliary Care / Re-ablement <input type="checkbox"/></p> <p>Residential / Nursing Care <input type="checkbox"/></p>
	<p>Extra Care <input type="checkbox"/></p> <p>Supported Living <input type="checkbox"/></p>



Organisation details

- What is the name of the organisation the person you are nominating works for?

.....



**Details of your nomination and who are you nominating?
Please complete below**



Name of Nominee

.....



Nominee's Address

.....



Nominee's Phone

.....



Nominee's Email

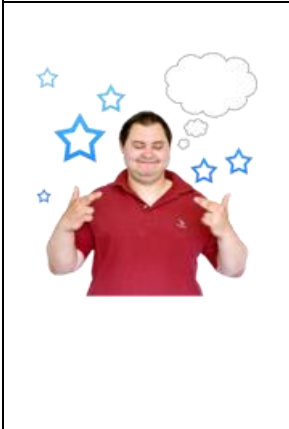
.....



**What connection do you have with this person?
Please explain below.**



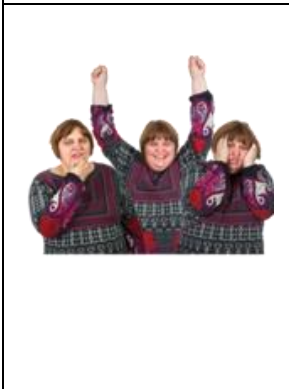
**Please tell us why you want to nominate this person below.
The more information you include, the better chance your
nominated person has of winning:**



How do they respect your wishes, habits, values, culture, and your privacy?



How do they treat you, and your home, with respect?



How do they make you feel when they are around?



How do they support you in the way you want to be supported?



Do you feel that any complaint you make will be taken seriously by them?



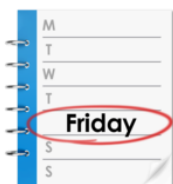
Provide an example of how they have gone out of their way to maintain your dignity



How have they contributed to your health and wellbeing?



If you would like some support to complete this nomination please contact your service provider.



Completed forms to be returned to your service provider by **Friday 29 December 2017.**