



GIFT OF LIFE - HUMANITARIAN AWARD

NOMINATION FORM

1 Name of the person submitting the nomination:

2 a) Home address and phone number:

b) Work phone number:

c) Email address:

3 Job title:

4 You have:

Received a kidney transplant. If so, date of the procedure:

Donated a kidney to a loved one. If so, date of the procedure:

Ties with the recipient (relative, friend, unknown):

Is the recipient aware of this nomination?

Can we contact this person if needed?

Phone number:

5 How did you hear about this award?

Foundation Newsletter

Foundation Website

Other: _____

6 Company nominated:

Name: _____

Address: _____

City: _____

Province: _____

Postal code: _____

Phone: _____

Email: _____

7 Activity sector:

8 Number of employees:

Less than 50

50 to 499

More than 500

9 a) Who, in your company, helped you the most during your transplant process?

b) Name and job title of the contact person within your company:

10 Your history:

Please check the corresponding box(es) and clearly explain your situation. This will help the selection committee to evaluate your candidacy more efficiently.

Continuation of salary before, during and after the kidney transplant or donation.

Comments: _____

Flexible hours or paid leave for medical examinations or activities related to the organ donation or transplant process.

Comments: _____

Access to psychological, financial or other support.

Comments: _____

Easing or modification of tasks when the employee returns to work, according to the job type carried out.

Comments: _____

Employment retained with the same conditions and benefits.

Comments: _____

Other ways in which your employer has provided support.

Comments: _____

11 Does your company promote organ donation in other ways? (ex.: efforts at awareness-raising within the company, participation in organ donation activities, etc.)?

12 In a few words, explain why your company should receive the Gift for Life Award?

13 What would have happened, had you not received this support from your employer?

If you need more space, please attach another sheet of paper to this form.

General release form

I, _____ (your name) authorize the Québec Branch of The Kidney Foundation of Canada to use publicly my name, story, comments and picture in regard with The Gift for Life Award activities and candidacy process.

Signature

Date

PLEASE, RETURN THE NOMINATION FORM TO THE FOLLOWING ADDRESS:

Philippe Vincent - Programs coordinator
philippe.vincent@kidney.ca

GIFT FOR LIFE AWARD
c/o The Kidney Foundation of Canada – Quebec Branch
880-5160, Decarie Blvd., Montreal, QC H3X 2H9

Information:
Tel. : **1 800 565-4515** or **514 938-4515**
Fax : 514 938-4757
infoquebec@kidney.ca

