**Departmental Awards Nomination Form**

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| --- | --- |
| Award Name:  |  |
| Award Category (i.e. Fully affiliated, HPEs Community Affiliated)  |  |
| Award Nominee:  |  |
| Nominee’s Business Address:  |  |
| Nominee’s E-mail:  |  |
| Nominator’s Name:  |  |
| Nominator’s E-mail: |  |
| Name of Site Chief, Division Head, Program Director or Supervisor: |  |
| Email of Site Chief, Division Head, Program Director or Supervisor: |  |
| Signature of Site Chief, Division Head, Program Director or Supervisor: |  |
| Description of the project or award winner that will be included as a quote at the annual DFCM Faculty Celebration Event**(maximum 75 words):** |
|  |
| Nomination Details:* Nominations can be made by any faculty or staff member of the DFCM, including self-nomination.
* The nominations will be considered by the DFCM Central Awards Committee.
* The nominator is responsible for the collection and submission of the award nomination package and informing the nominee of their nomination.
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**SUBMISSION INSTRUCTIONS:**

**Please submit by email the completed nomination form and corresponding award application documentation in a single PDF file by April 15 to** **dfcm.awards@utoronto.ca****:**

DFCM Central Awards Committee

c/o: Megan Chow

Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto

500 University Avenue, 5th Floor

Toronto, Ontario M5G 1V7