



# THE CUPE ONTARIO HEALTH AND SAFETY AWARD

Closing date for nominations is April 21st

## Do you know a member who has made a significant contribution on behalf of CUPE members?

CUPE Ontario's Health and Safety Committee wants to hear from you for their Health and Safety Award.

The award shall be presented at CUPE Ontario's Annual Conventions.

## The committee seeks candidates:

- Whose actions have helped others
- Whose activities have:
  - Improved workplace conditions to promote Health and Safety
  - Helped recognize occupational illnesses or diseases
  - Solved problems for CUPE members
  - Advocated on behalf of Health and Safety rights
  - Achieved victories for Health and Safety
  - Established precedents
- Who has been a leader and/or activist in Health and Safety
- Who are members in good standing of a CUPE Ontario-affiliated local



To make a nomination, please complete this form and send to:

CUPE Ontario Health and Safety Award  
CUPE Ontario Division  
80 Commerce Valley Dr. E., Suite 1  
Markham, Ontario L3T 0B2  
Fax: (905)739-9740 / E-mail: [kkawall@cupe.on.ca](mailto:kkawall@cupe.on.ca)

Please note that CUPE staff and members of CUPE Ontario's Health and Safety Committee *who sit on the Award Selection Committee* are not eligible for the award.

## Nomination Form

**Nominations may be made by a Local Union and must be signed and supported by the Local's President and one other Local or Division Executive member. Information submitted may be verified.**

Name of Nominee: \_\_\_\_\_

Local Union No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street City Province Postal Code

Telephone: ( ) ( )  
Home Work

Occupation: \_\_\_\_\_

How many years has the nominee been a CUPE member?

## Submitted By

Name: \_\_\_\_\_

Local Union Name.: \_\_\_\_\_

Local Union No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street City Province Postal Code

Telephone: ( ) ( )  
Home Work

Fax: ( ) Email: \_\_\_\_\_

Local President's Signature: \_\_\_\_\_

AND Signature Please Print

Local or Division Executive

Member's Signature: \_\_\_\_\_

Signature Please Print

## **Involvement**

Please use the following two boxes to outline the nominee's current and past involvement in health and safety advocacy at the local union and community

### **Local Union Health and Safety Advocacy**

|  | <b>Current</b> | <b>Past (Years)</b> | <b>Comments</b> |
|--|----------------|---------------------|-----------------|
| <b>Workplace Joint Health and Safety Committee</b>             |                |                     |                 |
| <b>Local Health and Safety Committee</b>                       |                |                     |                 |
| <b>CUPE Ontario Division Health and Safety Committee</b>       |                |                     |                 |
| <b>Other (eg: Labour Council, CUPE District Council, etc.)</b> |                |                     |                 |

### **Local Union (General)**

|  | <b>Current</b> | <b>Past (Years)</b> | <b>Comments</b> |
|--|----------------|---------------------|-----------------|
| <b>Steward/Health &amp; Safety Advocate</b>                        |                |                     |                 |
| <b>Local Executive Member</b>                                      |                |                     |                 |
| <b>Committees (eg: Health and Safety, Injured Worker Advocacy)</b> |                |                     |                 |
| <b>Other (eg: Negotiated WSIB language into CBA, etc.)</b>         |                |                     |                 |

## Contribution to Health and Safety at the Local Union Level

**Please tell us how the nominee has made a positive contribution in the field of health and safety advocacy at the local union level. Include what the nominee has done, how it was achieved, where, when, and any success stories you wish to share.**

What has the nominee done?

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How was it achieved?

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Where?

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When?

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## Other Contributions to Health and Safety Advocacy

**Please tell us if the nominee has contributed to health and safety advocacy at the Ontario Division level. Include what the nominee has done, how it was achieved, where and when.**

What has the nominee done?

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How was it achieved?

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Where?

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When?

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## Health & Safety Courses

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|--|------------------------|-----|----|
| <b>Please indicate which courses the nominee has taken to enhance their understanding of H&amp;S</b> | WHSC - Level 1         | Yes | No |
|  | Committees - Level 2   | Yes | No |
|  | Law - Level 2          | Yes | No |
|  | Certification - Core 1 | Yes | No |
|  | Certification - Core 2 | Yes | No |
|  | Facilitator Training   | Yes | No |

## Health & Safety and other Related Training

**Has the member completed any portion of the Mohawk College H&S related training or Labour Studies program?**

Yes    No

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**If yes, please provide a detailed list**

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## Other Relevant Courses/Workshops

**Has the nominee facilitated any Health & Safety courses?**

Yes    No

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**If yes, please provide a detailed list**

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