



CUPE ONTARIO'S INJURED WORKERS AWARD

The closing date for nominations is April 21

Do you know an individual who has made a significant contribution to injured workers' rights?

CUPE Ontario's Injured Workers Advocacy Committee would like to hear from you for their Injured Workers Award, to be awarded at Convention.

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 member in good standing of a CUPE Ontario affiliated local or retiree in good standing.
- Who is an injured worker leader and activist.

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

CUPE Ontario

80 Commerce Valley Dr. E., Suite #1

Markham, ON, L3T 0B2

Fax: 905-739-9740

Or email: sgolic@cupe.on.ca

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



Nomination Form

1. Nominee information

Nominations may be made by any CUPE union member. Information submitted may be verified.

Name of Nominee: _____

Local Union No: _____

Mailing Address: _____

Number and Street

City

Province

Postal Code

Telephone: () () () _____

Home

Work

Cell

Occupation: _____

If retired, occupation when employed: _____

How many years has the nominee been a CUPE member? _____

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 injured workers 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 2500 words.

3. Nominator Information

Name: _____ Local Union No: _____

Mailing Address: _____

Number and Street

City

Province

Postal Code

Telephone: () () _____ Email: _____

Home

Work

Local President or Vice-President

Signature (Optional): _____

AND _____ Signature _____ Please print _____

Local Member Signature: _____

Signature

Please print