



**INJURED WORKERS TRAVAILLEURS BLESSÉS**

## **THE CUPE ONTARIO INJURED WORKERS ADVOCATE AWARD**

**Closing date for nominations is April 30th**

**Do you know a member who has made a significant contribution on behalf of injured workers?**

CUPE Ontario's Injured Worker Advocacy Committee wants to hear from you for their Injured Worker Advocate 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 conditions for injured workers, inside and outside the workplace
  - Helped recognize occupational illnesses or diseases
  - Solved problems
  - Advocated on behalf of injured workers' rights
  - Achieved victories for injured workers
  - Established precedents
  - Who has been a leader and/or activist on behalf of injured workers
  - 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 Injured Workers Advocate Award  
CUPE Ontario Division  
80 Commerce Valley Dr. E., Suite 1  
Markham, Ontario L3T 0B2  
Fax: (905)739-9740  
Email: [kkawall@cupe.on.ca](mailto:kkawall@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

**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 injured worker advocacy at the local union and community level.

**Local Union Injured Worker Advocacy**

	<b>Current</b>	<b>Past (Years)</b>	<b>Comments</b>
<b>Workplace Joint Injured Worker Committee</b>			
<b>Local Injured Worker Advocacy Committee</b>			
<b>CUPE Ontario Division Injured Worker Advocacy 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/Injured Worker Advocate</b>			
<b>Local Executive Member</b>			
<b>Committees (eg: Injured Worker Advocacy, Health and Safety)</b>			
<b>Other (eg: Negotiated WSIB language into CBA, etc.)</b>			

## Contribution to Injured Workers at the Local Union Level

**Please tell us how the nominee has made a positive contribution in the field of injured worker 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 Injured Worker Advocacy

**Please tell us if the nominee has contributed to injured worker 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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## OFL—Occupational Disability Response Team Training

Please provide a detailed list of all OFL-ODRT courses taken by the nominee in the space to the right.

Level 1—Rights and Obligations	Yes	No
Level 2—Benefits and Representation	Yes	No
Level 3—Appeals and Dispute Resolution	Yes	No
Level 4—Return to Work Program	Yes	No
Level 5—Medical Orientation	Yes	No
Level 6—Occupational Disease	Yes	No

## WSIB and Other Related Training

Has the member taken or completed any portion of the Mohawk College WSIB-related training or Labour Studies program?

Yes No

If 'Yes,' please list courses on the lines below.

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## Other Relevant Courses/Workshops

Please use the space to the right to list any other relevant courses or workshops the nominee has taken.

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