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[**www.merrihealth.org.au**](http://www.merrihealth.org.au/)

ABN 24550946840

**Title of Form:**

**Changing Lives Award nomination**

Thank you for taking the time to nominate a Merri Health employee for a Changing Lives Award.

**Date of submission**

|  |  |
| --- | --- |
| **Nomination information** | |
| Name of staff |  |
| Service provided |  |
| What office do they work in? |  |

Does your nominee know they are being nominated for this award?  Yes  No

# I am a:

Please tick one Client Partner, family member or friend of a client

|  |
| --- |
| **Reason for nomination** |
| What has this person done to impress you? |
|  |
| What impact has this person had on your life? |
|  |
| How have they helped your health or wellbeing? |
|  |
| If you are not a client; how have they helped your family, friend or loved one's health or wellbeing? (Only complete this section if you are a family, friend or loved one of someone receiving a service) |
|  |

Can we contact you to find our more information?

 Yes  No

If yes, please provide your name, phone number and email address.

Nominations are to be sent to [hr@merrihealth.org.au](mailto:hr@merrihealth.org.au) or dropped off at one of our sites.

# Office use only

Date reviewed by the Board Community Eng. subcommittee Approved for award

Yes No