



HOW TO SUBMIT THIS FORM



Save the completed form and email it the nominee's supervisor/direct line manager for endorsement, then forward to PathWestCommunications@health.wa.gov.au

Employee of the Season Nomination Form

Nominee Details

Nominee name:

Title/Position:

Department/Work Area:

Telephone:

Email:

Nominee's Supervisor/Direct Line Manager:

Title/Position:

Department/Work Area:

Telephone:

Email:

Nominator Details

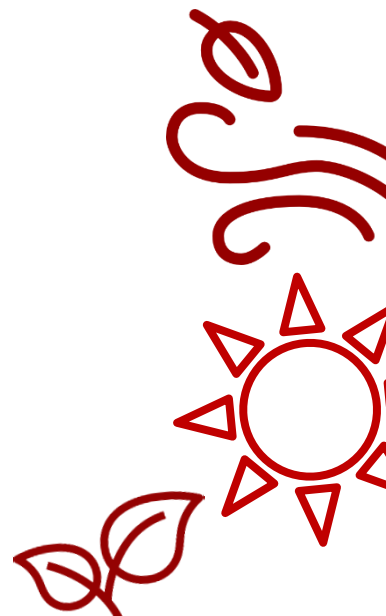
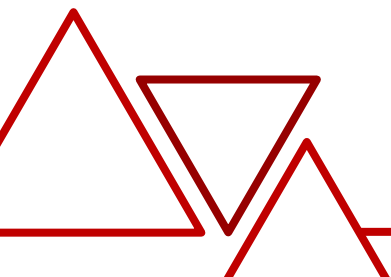
Nominator name:

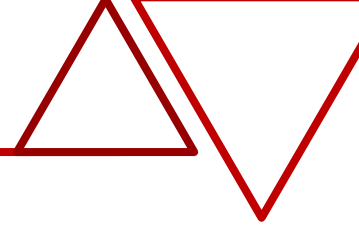
Title/Position:

Department/Work Area:

Telephone:

Email:





Questions

Please complete all sections of the nomination form (maximum of 250 words per question).

1. Why are you nominating this individual for Employee of the Season? Demonstrate how this employee goes above and beyond their daily duties and how their efforts have made a difference to staff, patients and/or our community.

2. Please detail how this employee, through their behaviours and actions, demonstrates PathWest values of Care, Accountability, Respect and Excellence. You may also choose to specify how the employee expresses any of the six PathWest strategic pillars.

