

Advocate Recognition Award Nomination Form

This Labour Award acknowledges the fight for justice and dignity for Injured Workers.

Deadline date to submit is: _____

Name:		Union or association:	
Email address:		Phone number:	
Position/title/role:			
Time frame (number of years or time on specific contribution or issue):			
How this person has shown perseverance to the issue:			
How this person has educated or increase awareness to others:			
Any specific Workers' Compensation or Disability Rights contribution:			
Outcome of contribution to an individual and/or community or workplace:			
Submitted by:		Date:	