

Inspiring Lives Awards



Healthy Minds, Healthy Bodies, Healthy Communities

The **Inspiring Lives Awards** will recognize the achievements of four Nova Scotians who have inspired others as they face their own challenges living with mental illness or addiction.

Award recipients are selected through a province-wide nomination process. A panel of health care professionals, community stakeholders, and members of the public review nominations and determine the annual recipients.

As **Inspiring Lives Awards** recipients, these outstanding individuals have overcome great obstacles and now serve as mental health champions in their communities. Through their recovery process, each award recipient has taken great steps to improve their lives and the lives of others.

Do you know an individual who:

- Actively promotes good mental health in his/her community?
- Is engaged in the support of his/her peers?
- Participates and encourages others to join in activities to reduce the stigma surrounding mental illness?

Do you know someone who demonstrates these qualities and is *inspiring*? If so, here is your opportunity to let our community know by nominating them for a 2012 **Inspiring Lives Award**.

**Nominations must be received no later than 4:30 p.m., Monday, March 5, 2012.
Group nominations and/or late submissions will not be considered.**

The 8th Annual **Inspiring Lives Awards** will be presented to the four recipients at a luncheon to be held at Pier 21 on Tuesday, May 8th, 2012 and all nominees recognized and acknowledged.

The Mental Health Foundation of Nova Scotia and the Canadian Mental Health Association Nova Scotia Division, reserve the right to disqualify any submission that are not completed in full and/or do not meet the nomination guidelines.

Past nominees are eligible for nomination.

Mental Health Foundation of Nova Scotia

Phone: (902) 464-6000
Toll-free: 1-866-CARING-2
www.mentalhealthns.ca



Canadian Mental Health Association Nova Scotia Division

Phone: (902) 466-6000
Toll-free: 1-877-466-6606
www.novascotia.cmha.ca



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NOMINATION GUIDELINES

Each nomination package must include the following five (5) items:

1. The Nominee's Inspiring Story

Using no more than two pages (single-spaced, 12-point font), please provide the nominee's inspiring story accurately, and in detail, by answering the following seven criteria questions in numerical order:

- 1) What is the nature of the nominee's mental illness or addiction? Please include details pertaining to the impact on the nominee's life and the lives of his/her family and friends.
- 2) What steps has the nominee taken to overcome the challenges faced while living with a mental illness or addiction?
- 3) Providing at least one detailed example, describe how has the nominee shown perseverance in taking control of his/her life?
- 4) Providing at least one detailed example, describe how the nominee has created a greater understanding of mental illness or addictions and reduced stigma in his/her community?
- 5) Providing at least one detailed example, describe how the nominee has inspired and supported others?
- 6) Providing everyday examples/situations, describe how the nominee has contributed positively to his/her community?
- 7) Why do you feel this person is deserving of an *Inspiring Lives Award*?

2. Supporting Written Material

Each nominee package must include a minimum of two letters of support/testimonial.

- One letter of support per organization.
- If self-nominated, a support letter may not be self-written.

Media articles (newspaper, etc.) are welcome, but not required with the nomination. For distribution purposes, all materials must have the ability to be photocopied.

- ***Please do not send original copies, as they will not be returned.***
- ***Please do not submit video material, as they will not be considered.***

PLEASE NOTE:

Prior to the Inspiring Lives Awards Luncheon, each nominee will be asked to submit an electronic photo of himself/herself (jpeg format, minimum 300dpi photo resolution, headshot preferred). These photos will be used in conjunction with promotional materials related to the event. We ask that all nominators assist the Mental Health Foundation of Nova Scotia and Canadian Mental Health Association Nova Scotia Division to obtain these photos.

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3. Nomination Form

A completed *Nomination Form* (attached) is an essential part of the nomination package.

4. Nominee Consent Form

All nominees must agree to the nomination and are required to individually complete and sign the *Nominee Consent Form* (attached). Make sure all nominees read and fully understand the intent of the form. Nominees under the age of 18, require a signature from a parent/guardian.

5. Media Consent Form

A completed *Media Consent Form* (attached) is an essential part of the nomination package.

All nominees will receive two tickets to attend the 8th Annual ***Inspiring Lives Awards*** Luncheon on Tuesday May 8th, 2012. All nominees will be acknowledged and recognized at the event, in honour to their ongoing determination and recovery.

Nomination packages may be submitted by courier, mail, fax, eMail (.pdf format) or in person to:

Nominations Inspiring Lives Awards 2012

Mental Health Foundation of Nova Scotia
Mount Hope Centre, Suite 1120
300 Pleasant Street, Box 1004
Dartmouth, NS B2Y 3Z9

Phone: 902.464.6000

Toll-free: 1.866.CARING.2

Fax: 902.464.3001

eMail: Info@mentalhealthns.ca (Please state "8th Annual ***Inspiring Lives Awards*** **Nomination**" in the subject line)



NOMINATION CHECKLIST

To ensure you have filled all of the requirements of the nomination process, please review your application against the following criteria:

- Did I answer all seven criteria questions in numerical order?
- Did I keep my answers to within two pages?
- Did I include at least two letters of support?
- Did I remember to include any media materials that may further support my nomination?
- Did I include a completed *Nomination Form*, including detailed contact information?
- Did I include a *Nomination Consent Form*, signed by the nominee?
- Did I Include a *Media Release Form*, signed by the nominee?

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NOMINATION FORM – PAGE 1 OF 2



Nominee:

Name: _____

Address: _____

Mr.
Mrs.
 Ms.
Miss
 Dr.

Age: 17 & Under
 18 to 30
 31 to 40
 41 to 50
 51 to 60
 61 +

Phone: _____
Business

_____ Home

Email: _____
Business

_____ Home

Prior Nominations: _____
Year

_____ Nominated by Whom?

Nominator(s) Information:

(If more than three representatives are nominating this individual, please provide their contact information on a separate piece of paper)

Name: _____ Organization: _____
(Primary Contact Person)

Address: _____

Mr. Mrs.
 Ms. Miss
 Dr.

Phone: _____
Business

_____ Home

Email: _____
Business

_____ Home

Relationship to Nominee: _____

How did you hear about these awards? _____

Nominations must be received by 4:30 p.m. on Monday, March 5, 2012. Group nominations and/or late submissions will not be considered. Please ensure your nomination package meets all of the requirements outlined in the Nomination Guidelines.

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NOMINATION FORM – PAGE 2 OF 2



Nominator(s) Information:

Name: _____ Organization: _____
(Secondary Contact Person)

Address: _____

_____ Mr. Mrs.
 Ms. Miss
 Dr.

Phone: _____
Business Home

Email: _____
Business Home

Relationship to Nominee: _____

How did you hear about these awards? _____

Name: _____ Organization: _____
(Additional Contact Person)

Address: _____

_____ Mr. Mrs.
 Ms. Miss
 Dr.

Phone: _____
Business Home

Email: _____
Business Home

Relationship to Nominee: _____

How did you hear about these awards? _____

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NOMINEE CONSENT FORM

I, _____ agree to be nominated for an *Inspiring Lives Award*.

I understand that recipients and nominees of the *Inspiring Lives Award* will have their stories communicated to the audience and the media prior to/during/after the event.

I hereby authorize and grant the Mental Health Foundation of Nova Scotia and the Canadian Mental Health Association Nova Scotia Division, the rights to promote my story for publication, promotion, and/or various broadcast situations. **I understand there may be media coverage and promotional activities leading up to, during, and following the Inspiring Lives Awards event, and I agree to be interviewed, videotaped, and photographed** by media and/or the Mental Health Foundation of Nova Scotia and/or the Canadian Mental Health Association Nova Scotia Division personnel.

All interviews will be arranged through, and must be approved by, the Mental Health Foundation of Nova Scotia or the Canadian Mental Health Association Nova Scotia Division.

I understand that the Mental Health Foundation of Nova Scotia and the Canadian Mental Health Association Nova Scotia Division own all rights to the aforementioned promotional recordings and publications.

I understand that failure to comply with the terms outlined above may disqualify me from the nomination process.

Signature of Nominee (*Parent or Guardian if a minor*)

Date

Signature of Witness

Date

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MEDIA CONSENT FORM

Name: _____ Phone: _____

Street Address: _____

Town/City: _____ Prov.: _____ Postal Code: _____

I, _____, give permission to the Mental Health Foundation of Nova Scotia and the Canadian Mental Health Association Nova Scotia Division to use this information and/or these images for electronic use, print publications, public broadcast/distribution, and/or use by news media.

I consent to be:

- Interviewed Videotaped
 Photographed Tape-recorded

I realize the Mental Health Foundation of Nova Scotia and the Canadian Mental Health Association Nova Scotia Division cannot be held responsible for final copy and photographs used by external organizations or news media.

I release the Mental Health Foundation of Nova Scotia and the Canadian Mental Health Association Nova Scotia Division from all claims and payments relating to any use of the material obtained as a result of this consent.

Signature of Participant

Date

Signature of Witness

Date