Would you like to say thank you to an employee or volunteer who has made a difference to your day or to the experience of others?

Nominate them for an INSPIRE Award.

You can nominate employees and volunteers, individuals or teams who foster a positive workplace @ Western Health by demonstrating our values in their work. (See following examples)

|  |  |  |  |
| --- | --- | --- | --- |
| **Compassion**   * Improving the experience of others   **Accountability**   * For standards of care or service * Being positive and productive * Using resources responsibly   **Respect**   * Communicating respectfully in all situations * Recognising and respecting diversity | | **Excellence**   * Demonstrating high standards of work * Helping others learn and improve * Working well with others, across the system   **Safety**   * Looking out for the safety of others   **A Positive Workplace at Western Health**   * treating each other with respect and dignity * being aware of how your behaviour affects others * addressing poor behaviour…don’t ‘walk past’ | |
| **ABOUT THE PERSON OR TEAM YOU ARE NOMINATING** | | | |
| Name of person (or persons) | | | |
|  | | | |
| What is their role? | | | |
|  | | | |
| Where do they work (ward/unit and site?) | | | |
|  | | | |
| Explain what they did which has made a difference to your experience or the experience of others. Provide examples of how they fostered a positive workplace at Western Health and demonstrated the values in their work. Please provide as much detail as you can.\* | | | |
| What did they do (Provide an overview)?    How did they demonstrate ‘Compassion’?    How did they demonstrate ‘Accountability’    How did they demonstrate ‘Respect’?    How did they demonstrate ‘Excellence’?    How did they demonstrate ‘Safety’?    How did they foster ‘A Positive Workplace at Western Health’? | | | |
| *\*****Please note that we may share what you say as part of the Award process*** | | | |
| When did you observe this? | | | |
|  | | | |
| **ABOUT YOU** | | | |
| I am a visitor/employee/other (please explain) | | | |
|  | | | |
| First Name: |  | Surname: |  |
| Contact details: (email or phone) | | | |
|  | | | |
| If you are a Western Health employee or volunteer | | | |
| Role: |  | Department: |  |

Please email nominations to: [inspire@wh.org.au](mailto:inspire@wh.org.au)