



## Nomination Criteria

The award will be presented to an SRNA practicing member who exhibits exceptional mentoring abilities in any of the domains of nursing: clinical, education, research, administration and policy. Mentorship is described as a fundamental form of human development where a mentor invests their time, energy and personal knowledge to assist another person called a mentee, in their professional growth and development. Mentors have a high degree of motivation and commitment to the profession and the growth of others within the profession. The mentor helps the mentee to “be all that we can be.” The mentor uses a supportive, interactive relationship to increase the knowledge, skills and goals of the mentee. (McKinley, M.G. (2004). *Mentoring matters: creating, connecting and empowering. AACN Clinical Issues*, 15 (2).)

1. The submission must include the following information:

- Completed nomination form signed by the nominee and nominator who are practicing SRNA members (1 page).
- Nomination summary written by the RN nominator of no more than 2000 words (2 pages) outlining:
  - 1) The mentorship qualities or characteristics of the mentor.
  - 2) A description of the mentorship relationship and how this has influenced the mentees nursing practice.
  - 3) Reasons the mentor should be chosen to receive the award.
- Maximum of 2 letters of support to outline the mentor’s attributes and support for the individuals who are being mentored (1 page each).

2. Submissions must be typed and double spaced (except for letters of support).

3. **Completed submissions should be sent by February 1 to:**

SRNA Awards Selection Committee

2066 Retallack Street, Regina SK S4T 7X5

Fax: 1-306-359-0183 or email: Barb Fitz-Gerald, RN at [bfitz-gerald@srna.org](mailto:bfitz-gerald@srna.org)



# MENTORSHIP AWARD NOMINATION FORM



## 1. Nominee

Name \_\_\_\_\_

SRNA Registration Number \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(The nominee's signature verifies that she/he agrees to the nomination and consents to their information being made public at the awards banquet and in SRNA publications).*

## 2. Nominator

1) Name \_\_\_\_\_

SRNA Registration Number \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office information only:	Date received _____ Submission complete _____ Nominator contacted if submission incomplete _____
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