

# Helping Hands Recognition Form



**UI Hospitals and Clinics award for support staff involved in direct patient care**

I would like to nominate \_\_\_\_\_

who works on \_\_\_\_\_ (unit/area) for the Helping Hands Award.

My nominee is a true team member, a positive role model and an individual who exhibits excellent communication skills, is a professional who is consistently caring and compassionate. He/she makes a difference in the lives of patients and/or patients' families as indicated in the following detailed description:

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My name (print) \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

I am a (please check one):

RN \_\_\_\_\_ MD \_\_\_\_\_ Family Member \_\_\_\_\_ Visitor \_\_\_\_\_ Patient \_\_\_\_\_

Volunteer \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Please send this completed nomination form to:  
 T125 GH Nursing Recruitment Office and/or place in provided yellow envelope and place in campus mail.