



## Employee of the Month Nomination Form

Name of staff member being nominated: \_\_\_\_\_

Nominations for Employee of the Month need to outline how the staff member being nominated demonstrates Northcott Values in the workplace. Please write how the person you are nominating displays one or more of the following values:

Friendly and Considerate:

Committed and Enthusiastic:

Innovative and Responsive:

Ethical and Courageous:

Northcott Form – Employee of the Month Nomination Form  
Owner: HR  
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## Employee of the Month Nomination Form

Professional and Competent:

Name and signature of person completing this form: \_\_\_\_\_

Please tick: I am a

- staff member - if yes role: \_\_\_\_\_
- client/family member
- carer
- Other \_\_\_\_\_

Date form completed: \_\_\_\_\_

**Please note:** For nominations to be accepted, we require a supporting statement from the nominated staff member's supervisor.

**The following section is to be completed by the nominated staff member's supervisor**

Name and signature of supervisor: \_\_\_\_\_

What is the role of the staff member being nominated: \_\_\_\_\_

How long have they been employed at Northcott: \_\_\_\_\_

If you support this application, please provide a statement of support outlining your reasoning:

Please forward completed form to the Panel Chair by 20th of the month via email [barbara.eichorn@northcott.com.au](mailto:barbara.eichorn@northcott.com.au) or by post Barbara Eichorn, Northcott Disability Services PO Box 4055 Parramatta NSW 2124

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