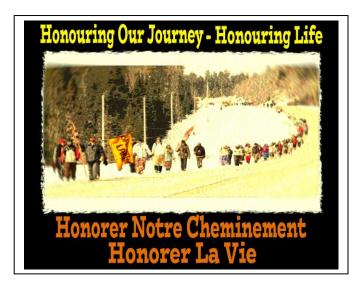
FIRST NATIONS AND INUIT SUICIDE PREVENTION ASSOCIATION OF QUEBEC & LABRADOR

# **AWARDS 2015**

# DIALOGUE FOR LIFE XIII HONOURING OUR JOURNEY, HONOURING LIFE

Montreal, November 18 – November 23, 2015

FNISPAQL is happy to acknowledge, again this year, the special work accomplished by an individual or a group who actively participates in strengthening and protecting life in our families, communities and nations.



- Elder 2015
- Community Worker 2015
- Caregiver 2015
- Youth 2015
- Police Officer 2015
- Community Development Initiative 2015

# Who can be a candidate? First Nations and Inuit individual

Elder: member of a community who shares teachings Community Worker: Health, Social, or Educational field Caregiver: member of a community actively involved on a volunteer basis Youth: individual or group initiative Police Officer: member of a First Nations or Inuit police force Community Development Initiative: individual or group initiative that made a significant difference in their family, surroundings and their community.

<u>How to submit the name(s) of a candidate?</u> Please complete the attached form. The nominations must be accompanied by at least three signatures of individuals supporting the nomination. The forms must be returned to the Association before OCTOBER 31, 2015.



## **FNISPAQL** Awards 2015

3177 St. Jacques West, suite 302 Montreal, Quebec H4C 1G7 Telephone: 514-933-6066 Toll Free: 1-888-933-6066 Fax: 514-933-9976 E-mail: <u>pspni-fnisp@bellnet.ca</u> Web Site: <u>www.dialogue-for-life.com</u>

# **FNISPAQL** Awards – Nomination Form

Category

□ Community Worker □ Caregiver □ Elder □Youth □ Police Officer □ Community Initiative

### Identification of the candidate:

Name:	
Organization:	
Address:	
City:	Postal Code:
Telephone:	Fax:
E-mail:	

#### **Identification of Supporter 1:**

Name:		
Organization:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	
E-mail:		

#### Identification of Supporter 2:

Name:		
Organization:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	
E-mail:		

## Identification of Supporter 3:

Name:		
Organization:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	
E-mail:		

#### Identification of Supporter 4:

Name:		
Organization:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	
E-mail:		

## Involvement and achievements of the candidate:

Please attach a statement (1 page maximum) describing the activities and the achievements of the candidate. You may attach any other documents that you deem to be pertinent for studying the nomination. <u>Please send the</u> <u>nomination and forms before October 31, 2015</u>