



# Team Member of the Month

## Nomination Form

- ◆ Would you like to give someone a pat on the back?
  - ◆ Would you like to thank someone?
- ◆ Is there a quiet achiever you want to acknowledge?

Nominations from Residents, families, friends and staff welcome!

*Please forward all your nominations to the CSM at your facility by placing the completed form in the box near reception*

Nominations must be received by the **last business day** of each month. CSMs will collate and forward nominations to HR at the Support Centre.

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

as "Team Member of the Month" because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facility: \_\_\_\_\_

Your Name: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

Each "Team Member of the Month" receives a gift and is eligible for selection for the "Team Member of the Year" for TLC Aged Care. All winners will be published in the TLC Aged Care quarterly Newsletter.