

CHAMPION OF MENTAL HEALTH AWARD

The Health Promotion Board - Silver Ribbon Champion of Mental Health Award aims to acknowledge and recognise individuals and organisations for their committed efforts to raise awareness of mental health in Singapore.

Categories

Nominations are invited for two categories listed below. There will be 1 winner for each category. Winners will be selected by a panel of distinguished judges.

1. Champion of Mental Health (Individual)
Prize – S\$1000 cash and a plaque of commendation
2. Champion of Mental Health (Organisation)
Prize – an artwork by people with mental illness and a plaque of commendation

Eligibility of Champion of Mental Health (Individual)

1. The nominee must be above 18 years old
2. The nominee must be a Singapore Citizen or Permanent Resident.
3. Open to individuals who
 - is coping with his/her mental illness positively; or
 - is dedicated to reducing stigmatisation of mental illness by promoting increased awareness and/or providing support to individuals with mental illness (in his/her individual capacity, as a caregiver, community leader or a volunteer with an organisation)
4. The nominator must be
 - an individual above 18 years old and a Singapore Citizen or Permanent Resident
 - or a representative from a public, private or not-for profit organisation

Eligibility of Champion of Mental Health (Organisation)

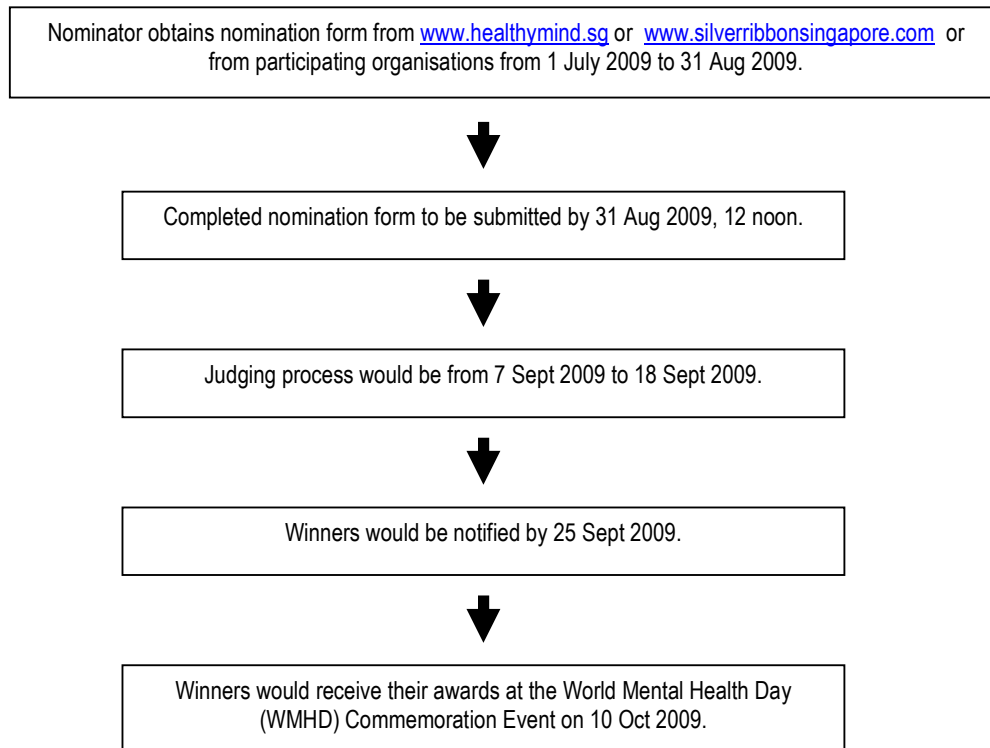
1. The nominated organisation must be a public, private or not-for profit organisation.
2. Open to organisations who
 - employ people with mental illnesses; or
 - actively support mental health events in the community
3. The nominator must be
 - an individual above 18 years old and a Singapore Citizen or Permanent Resident
 - or a representative from a public, private or not-for profit organisation

CHAMPION OF MENTAL HEALTH AWARD

Submission of Nomination

1. Nomination forms must be received by 31 August 2009, 12.00 noon. Please **mail** completed forms to:
Organising Committee
Health Promotion Board - Silver Ribbon Champion of Mental Health Award
Blk 616 Hougang Ave 8 #01-386 Singapore 530616
2. Either directly or through the respective nominator, the Organising Committee will notify all finalists that they have been selected, no later than 25 September 2009.
3. Self-nomination and incomplete nomination will not be accepted.
4. Only one nomination entry for each category is allowed per nominator.
5. Supporting documents may be submitted with the official nomination form.
6. For more information, visit www.healthymind.sg or www.silverribbonsingapore.com or email info@silverribbonsingapore.com and state "Champion of Mental Award" as your subject title.

Process





CHAMPION OF MENTAL HEALTH AWARD

Important Notes

1. Incomplete nomination forms would not be considered.
2. Accuracy of information will be verified and supporting documents will be considered in the decision process.
3. Nominators may be interviewed to verify the nomination form and supporting documents submitted.
4. Any nominations received after the deadline of submission will not be entertained.
5. All decisions made will be final. No enquiries or correspondence regarding the judges' decisions will be entertained.



CHAMPION OF MENTAL HEALTH AWARD

**INDIVIDUAL CATEGORY
OFFICIAL NOMINATION FORM**

Part 1: Details of Nominee

Full Name			
Birthdate		Gender	Age
Mailing Address			
Contact No.	(H)	(O)	(HP)
Email Address			
Occupation			
Employer			
Affiliations (eg. member of not-for-profit organisation):			

Part 2: Details of Nominator

(Please fill in A if you are an individual OR B if you are representing an organisation)

A. As an individual

Full Name			
Birthdate		Gender	Age
Mailing Address			
Contact No.	(H)	(O)	(HP)
Email Address			
Occupation			
Employer			
How long have you known the nominee?			
How are you related to the nominee?			



CHAMPION OF MENTAL HEALTH AWARD

B. As an organisation

Name of Organisation			
Nature of Business			
Mailing Address			
Website			
Representative	Name		Designation
	(O)	(HP)	Email Address
How long have you known the nominee?			

Part 3: Testimonial by Nominator

Please write using the space below the reasons why the person you are nominating deserves the Champion of Mental Health Award (Individual)
<u>Background Information of the Nominee (eg. medical condition and areas that he/she needs support in)</u> (in less than 200 words)
<u>Summarise the efforts of the nominee in mental health promotion, especially on his/her exceptional achievements or contributions</u> (in less than 500 words)
<u>Explain why you believe the nominee should be selected</u> (in less than 500 words)

* Please attach supporting documents where necessary (eg. testimonials or other awards received by the nominee)



CHAMPION OF MENTAL HEALTH AWARD

Part 4: Declaration by Nominee

I attest to all facts contained in this form and give permission for the facts and images to be used for publication. In agreeing to accept the Champion of Mental Health Award, I understand that, barring extreme circumstances, I am required to be present during the award presentation and speak to the media if there is a need during or after the event. In the event that circumstances prevent my attendance, I must present valid reasons to the Chairman, Organising Committee, Champion of Mental Health Award, for a decision on the continued eligibility of my nomination.

Signature of Nominee

Date _____

Part 5: Declaration by Nominator

I attest to all facts contained in this form and give permission for the facts and images to be used for publication. In agreeing to accept the Champion of Mental Health Award, I understand that, barring extreme circumstances, I am required to be present during the award presentation and speak to the media if there is a need during or after the event. In the event that circumstances prevent my attendance, I must present valid reasons to the Chairman, Organising Committee, Champion of Mental Health Award.

Signature of Nominator

Date _____

Nomination forms must be received by 31 August 2009, 12.00 noon. Please **mail** completed forms to:
Organising Committee
Health Promotion Board - Silver Ribbon Champion of Mental Health Award
Blk 616 Hougang Ave 8 #01-386 Singapore 530616



CHAMPION OF MENTAL HEALTH AWARD

**ORGANISATION CATEGORY
OFFICIAL NOMINATION FORM**

Part 1: Details of Nominated Organisation

Name of Nominated Organisation			
Nature of Business			
Mailing Address			
Website			
Representative	Name		Designation
	(O)	(HP)	Email Address

Part 2: Details of Nominator

(Please fill in A if you are an individual OR B if you are representing an organisation)

A. As an individual

Full Name			
Birthdate		Gender	Age
Mailing Address			
Contact No.	(H)	(O)	(HP)
Email Address			
Occupation			
Employer			
How long have you known the nominated organisation?			
How did you find out about this organisation's contribution to promote mental health?			



CHAMPION OF MENTAL HEALTH AWARD

B. As an organisation

Name of Organisation			
Nature of Business			
Mailing Address			
Website			
Representative	Name		Designation
	(O)	(HP)	Email Address

Part 3: Testimonial by Nominator

<p>Please write using the space below the reasons why the organisation you are nominating deserves the Champion of Mental Health Award (Organisation)</p>
<p><u>Background Information of the Nominated Organisation</u> (in less than 200 words)</p>
<p><u>Summarise the efforts of the nominated organisation in mental health promotion, especially on its exceptional achievements or contributions</u> (in less than 500 words)</p>
<p><u>Explain why you believe the nominated organisation should be selected</u> (in less than 500 words)</p>

** Please attach supporting documents where necessary (eg. testimonials or other awards received by the nominated organisation)*



CHAMPION OF MENTAL HEALTH AWARD

Part 4: Declaration by Nominated Organisation

I attest to all facts contained in this form and give permission for the facts and images to be used for publication. In agreeing to accept the Champion of Mental Health Award, I understand that, barring extreme circumstances, I am required to be present during the award presentation and speak to the media if there is a need during or after the event. In the event that circumstances prevent my attendance, I must present valid reasons to the Chairman, Organising Committee, Champion of Mental Health Award, for a decision on the continued eligibility of my nomination.

Signature of Representative of Nominated Organisation

Date _____

Part 5: Declaration by Nominator

I attest to all facts contained in this form and give permission for the facts and images to be used for publication. In agreeing to accept the Champion of Mental Health Award, I understand that, barring extreme circumstances, I am required to be present during the award presentation and speak to the media if there is a need during or after the event. In the event that circumstances prevent my attendance, I must present valid reasons to the Chairman, Organising Committee, Champion of Mental Health Award.

Signature of Nominator

Date _____

Nomination forms must be received by 31 August 2009, 12.00 noon. Please **mail** completed forms to:
Organising Committee
Health Promotion Board - Silver Ribbon Champion of Mental Health Award
Blk 616 Hougang Ave 8 #01-386 Singapore 530616