



Stars of CAHS Consumer Award

Sponsored by PCH Foundation and HESTA

The Stars of CAHS Awards recognise staff members or teams that demonstrate exceptional work performance.

Staff award recipients are selected for their overall achievements.

The award will be given quarterly at a Stars of CAHS Awards ceremony.

Eligibility

All CAHS staff members are eligible for the award; this includes staff from Perth Children's Hospital, Child and Adolescent Community Health, Child and Adolescent Mental Health Service and Neonatology.

Nomination process

This award is for staff members nominated by consumers. Nominators will complete the attached nomination form, before submitting it to starsofcahs@health.wa.gov.au, who will review before submitting to the selection panel.

Nominating a staff member

Describe how the nominee's performance, accomplishment or contribution is unique or noteworthy and which of the CAHS values is best represented by the achievement or behaviour of the staff member(s).

CAHS Values

Collaboration - We care about our colleagues and partners; by cooperating, we improve.

Equity - By treating people in a fair and just manner, everyone receives the same rights and opportunities.

Respect - Your dignity is recognised and your self-worth is supported and valued.

Excellence - By striving to improve, we constantly get better and deliver better care.

Compassion - We always act with courtesy and care, so you're treated with real kindness.

Accountability - Always acting with integrity, we take full responsibility for our actions. We care about our colleagues and partners; by cooperating, we improve.



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

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Nomination form (part 1)

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Nominator details

This is an interactive PDF form, so you can type in and email or print to submit.

Name: _____

Phone: _____

Email: _____

Date: _____

I give consent for the details of my nomination to be disclosed the staff member/team I have nominated: Yes No

Nominator signature

Reason for Nomination: Please print out the attached sheet and provide a one page description of the nominee's noteworthy performance, significant accomplishment or contribution and explain why the nominee should be considered for the CAHS Staff Award.

Describe how the nominee's performance, accomplishment or contribution is unique or noteworthy and which of the CAHS values is best represented by the achievement or behaviour of the staff member(s).

If you can, provide details of the impact of the accomplishment (ie. time or costs savings, improved customer service etc.) and what was the result? Include any challenges or complications the nominee may have had to overcome.

For further information, email starsofcahs@health.wa.gov.au

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Nomination form (part 2)

| HESTA |



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Name of nominee: _____

Unit, department or region: _____

CAHS value displayed: _____

Reason for nomination:

Thank you for taking the time to complete this nomination.

Submit this form

Alternatively, print and post to Stars of CAHS Awards, Office 5D, Child and Adolescent Health Service, GPO Box D184 Perth WA 6840.