

SOCIAL WORKER SPOTLIGHT!

SOCIAL WORKER NOMINEE PROFILE:

Last Name: _____ First Name: _____

Employer Name: _____

Position Title: _____ Business Phone #: _____

Business Address: _____ City: _____ Postal Code: _____

Email Address: _____ Home or Cell Phone #: _____

Home Address: _____ City: _____ Postal Code: _____

I, _____, hereby nominate _____ to be featured for the Social Worker Spotlight. I declare that the nominee: (a) is a member or group of members in good standing with the Manitoba College of Social Workers; (b) is in agreement with this nomination and (c) is not a *current* member of the MCSW Board or staff team.

Nominator Name: _____

Nominator Email: _____ Nominator Phone Number: _____

Signature: _____ Date: _____

Nomination Checklist:

- Completed and signed nomination form
- Attach nomination summary describing nominee contributions, highlights and/or achievement
- Photo of the nominee

Submit Nomination Form and Attachments to:

Email: admin@mcsw.ca

Fax: 204-831-6359

Manitoba College of Social Workers

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