Nomination form for Office staff

EMPLOYEE OF THE QUARTER

DATE ………………………………………………….

Name of staff member completing this form…………………………………………………………………………

Date………………………………………………………………………….

Name of staff member being nominated …………………………………………………………………………….

**Nominations must relate to one of CQC’s Key Lines Of Enquiry:**

**Safe**

By safe, we mean that people are protected from abuse and avoidable harm.

**Effective**

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

**Caring**

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

**Responsive**

By responsive, we mean that services are organised so that they meet people's needs.

**Well-led**

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Please state reasons:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signed……………………………………………………………………………….

Date………………………………………………………………………………….

ON COMPLETION OF THIS FORM PLEASE POST THIS FORM IN THE SUGGESTIONS BOX