



NURSING
C H A N N E L
I S L A N D S



DAISY Award for Extraordinary Nursing Students Nomination Form

I would like to nominate:

First Name:

Last Name:

Daisy in Training Criteria for the Nomination include, the student will demonstrate at least two of the following:

- Demonstrate extraordinary commitment to compassionate care of patients and families
- Connect with patients, families and peers by building trust and respect in ways that make a difference
- Display kindness and sensitivity by providing empathetic patient care
- Advocate strongly for patients and families
- Show outstanding clinical and interpersonal skills

Why are you nominating this Student Nurse for the DAISY in Training Award? (Please include the specific story about this Student Nurse's exceptional skill and compassionate care.)

Thank you for taking the time to nominate an extraordinary student nurse for this award. Please tell us about yourself, so that we may include you in the celebration of the award should the student nurse you nominated be chosen.

Nominator Information:

I am: (Select one) Professor; Instructor; Classmate; Patient; Family; Visitor; Staff; Physician; Preceptor; Unit Manager

Name:

Email:

Phone: