



“Outstanding Activity of the Year” Entry Form

Purpose: increase opportunities for idea sharing among APO members, to encourage creativity in program planning and to allow Activity Professionals to be recognized.

NAME OF APPLICANT, FACILITY, ADDRESS AND PHONE NUMBER

****Please place this information on a separate cover letter and NOT in the body of the submission****

Points Awarded Total of 30		Criteria for Nomination:
		<ol style="list-style-type: none"> 1. Program must be planned, co-ordinated and implemented by an active member of the APO. (If multi-facility program, inform other facilities of your submission.) 2. Program must have taken place within 18 months prior to nomination deadline date. 3. On-going or continual programs must be in existence for at least 3 months to demonstrate its effectiveness. 4. All documentation relating to the program must be intact and available for examination if needed. 5. All materials submitted will become the property of APO and will be copied for all participants as part of entry to “Outstanding Activity of the Year.” 6. The overall winner agrees to chair the “Activity Judging Committee” of the following year. The Awards chairperson, or any individual on the Activity Judging Committee are excluded from entering for that current year.
(1)	I	Name of Program: _____ _____ _____
(1)	II	Population Target – Please identify cognitively impaired, high functioning, palliative, and their involvement in planning as well as participation: _____ _____ _____
(3)	III	Program Goals – desired outcome of the program: _____ _____ _____ _____ _____
(3)	IV	Program Procedure – How was the program delivered to the program group: _____ _____ _____ _____
(1)	V	Length of Program: _____ _____

(1)	VI	Frequency of Program – i.e. Once a year, once a week _____
(2)	VII	Facility – what location was needed to successfully deliver the program: _____ _____
(2)	VIII	Equipment required: _____ _____ _____
(2)	IX	Volunteers and Staff needed – how many and what were their duties: _____ _____ _____
(2)	X	Departmental Support Required – was cooperation from other departments needed i.e. Dietary, Nursing, etc. _____ _____ _____
(3)	XI	Program Promotion – i.e. Posters, cards, etc. (Include examples if you wish) _____ _____ _____
(3)	XII	Program Evaluation – Please include number of sessions evaluated, average attendance, staff, family, volunteer observation, participants opinion and comments: _____ _____ _____ _____
(6)	XIII	In your own words, please describe why you feel your program should receive the “Outstanding Activity of the Year Award.” You may include creativity, origin, adaptive measures, use of resources, and cost saving measures. (Add a separate sheet for this information or any other information you wish to include.)

Please try and include as much information as possible to clarify any uncertainties for the judges. All entries submitted before the deadline will be recognized, and the winner presented at the annual convention.

DEADLINE FOR SUBMISSION...
JULY 16

Please mail, e-mail or fax your submission to...
APO Head Office
7- 841 Sydney Street, Suite 156
Cornwall, ON K6H 7L2

Fax: 1-888-494-7038

E-mail: apo-office@activitypro.ca