

# Mental Wellness Champion Nomination Form 2025

## MANITOBA Healthy Aging Awards

Celebrate older Manitobans who are making outstanding contributions in our communities.

This form, completed in its entirety, must be received by **Monday, August 4, 2025**.

After you download your pdf form, complete the form and send it:

Email form to:

**[SeniorsBranch@gov.mb.ca](mailto:SeniorsBranch@gov.mb.ca)**

or

Mail to:

**The Division of Seniors  
and Long-Term Care,**

300 Carlton St, Winnipeg, MB R3B 3M9

### JUDGING

A committee will review all of the nominations and assist in the selection of the award recipients.

**NOTE: You may nominate yourself or someone else, but you may only submit a nomination in ONE category. Make sure you are completing the correct form.**

### MENTAL WELLNESS CHAMPION AWARD

The Mental Wellness Champion Award recognizes Manitobans aged 65 and older who have worked to implement or advance mental health initiatives in their community. Award winners are leaders in promoting mental health awareness, reducing stigma and contributing to the mental wellness of their community.

### ELIGIBILITY CRITERIA

- a Manitoba resident 65 years of age or older
- leads or has led organized initiatives, programs or events to improve and/or support mental health and mental wellness in their communities
- leader in promoting mental health awareness and reducing stigma
- voluntary contribution must have been made in Manitoba
- nominations will not be accepted for elected federal, provincial or municipal representatives or whose activity is related to a position as a political appointee

# Nomination Information

**Are you nominating yourself or another person?** *(Please check one)*

Myself

Another Person

# Nominee Information

**Salutation (optional):** *(Dr, Honourable, Sargent, Reverend, Elder, Mr, Mrs, Ms, Miss, etc.)*

**First Name:**

**Last Name:**

**Region in which nominee lives:**

Southern

Interlake-Eastern

Northern

Westman & Parklands

Winnipeg

**Address:**

**Postal Code:**

**Phone Number:**

**Email:**

**Date of Birth:**

**Number of years involved in your community activities:**

**Preferred Language of Communication:**

English

French

# Nominator's Information *(Person submitting the nomination)*

Same as above

If different — complete the following:

**Salutation (optional):** *(Dr, Honourable, Sargent, Reverend, Elder, Mr, Mrs, Ms, Miss, etc.)*

**First Name:**

**Last Name:**

**Address:**

**Postal Code:**

**Phone Number:**

**Email:**

**Date of Birth:**

**Preferred Language of Communication:**

English

French

# Achievement Description

- 1. Provide a brief description of the nominee's involvement in promoting mental health awareness and mental wellness in their community. (3-4 sentences)**
- 2. What factors have made it challenging for community members to enhance their mental wellness? How have these factors or challenges been addressed or reduced by the nominee's contributions? (6-8 sentences)**
- 3. Describe how the nominee has promoted mental health awareness and reduced stigma in their community. (6-8 sentences)**

**4. Describe how community members and organizations have responded to the nominee's efforts to promote mental health awareness and mental wellness in their community. (3-5 sentences)**

**5. How has the nominee's personal mental health and wellness journey inspired others in the community? (5-7 sentences)**

**6. Why does the nominee deserve to be recognized? (3-5 sentences)**

# Supporting Material

Supporting documents enhance the nomination by providing relevant additional information and examples that demonstrate your nominee's achievement(s). Examples may include testimonials, media articles, certificates, etc.

**1. Supporting Material** *(Provide a short description of the material here.)*

**2. Supporting Material**

## Declaration

The Manitoba government is committed to ensuring the privacy of your personal information. The personal information collected is used solely for the purpose of the Awards Committee and resulting activities.

I confirm my nominee meets the eligible requirements and hereby declare that all the information provided in this application is true and accurate in every respect.

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or

Mail to:

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300 Carlton St, Winnipeg, MB R3B 3M9