

## Canadian Counselling & Psychotherapy Association, AB/NWT Chapter Awards



- **Alberta Rose Award**

The AB/NWT Chapter of the Canadian Counselling and Psychotherapy Association has established the Alberta Rose Award to honour and recognize noteworthy service contributions to the counselling profession in the province of Alberta. The value of the award is \$150.00.

1. To be eligible for the award, the candidate must:

- a. currently practice in a professional capacity as a clinical counsellor/psychotherapist in Alberta
- b. be a member in good standing of both the CCPA and the AB/NWT Chapter of the CCPA
- c. have made a noteworthy service contribution to the counselling profession.

2. To apply, nominations/applications must be submitted to [nicholas.renaud@gmail.com](mailto:nicholas.renaud@gmail.com) by March 31, 2020:

- a. subject line: “CCPA AB-NWT Alberta Rose Award”
- b. completed and signed Application Form
- ...c. one single-spaced, typewritten page (1.5” margins; 12 point font) outlining contribution to the counselling profession
- d. one referee letter of reference\*

\*Your referee must be someone with direct knowledge of your contributions and be able to evaluate your application for the Alberta Rose Award. The Referee form and letter of reference must be sent directly from the referee to [nicholas.renaud@gmail.com](mailto:nicholas.renaud@gmail.com) with a Subject line “CCPA – AB/NWT Reference Letter for Name of Applicant/Nominee”).

Candidates will be evaluated according to the eligibility criteria stated above. Board members reserve the right to add additional criteria for this Award in order to choose the most suitable candidate. The AB/NWT Chapter board members will not evaluate any application submitted after March 31, 2020.

Alberta Rose Award:-Referee Form

To Referee: Please complete this form, and prepare a confidential reference letter in which you comment on the applicant's demonstration of the following:

- Contribution to the counselling profession in AB/NWT in the years prior to his/her application, in a community, university, practicum or other relevant setting. (Examples of such contributions include active volunteer involvement or representation in counselling-related initiatives, events, projects or programs.)
- Participation in the AB/NWT Chapter, CCPA (if relevant to nominee's application).

Name of Applicant: \_\_\_\_\_

I have known the applicant for \_\_\_\_ years, in my capacity as\_\_\_\_\_.

Name of Referee \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Position \_\_\_\_\_ CCPA member: N\_\_\_ Y\_\_\_#\_\_\_\_\_

Signature of Referee \_\_\_\_\_

Date \_\_\_\_\_

Please email both the completed form and reference letter directly to [nicholas.renaud@gmail.com](mailto:nicholas.renaud@gmail.com) by March 31, 2020



- **Northern Lights Award Application/Nomination**

Type or print all information

Name: \_\_\_\_\_

CCPA# \_\_\_\_\_

Home Address

\_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Professional Credentials:

\_\_\_\_\_

Current Employer & Employment Address:

\_\_\_\_\_

Referee's Name:

\_\_\_\_\_

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I declare all information provided by me in this application to be true and agree to abide by the Terms of Reference of this Award if my application is approved.

Freedom of Information and Protection of Privacy Notice: The information on this form and all supporting documents is collected under the authority of the AB/NWT Chapter of the CCPA. The information is needed to adjudicate the Northern Lights Award competition and will be used to determine the most suitable candidate for the Award. (If you have any questions about the collection and use of this information, please contact Nicholas Renaud at [nicholas.renaud@gmail.com](mailto:nicholas.renaud@gmail.com).)

Applicant Signature &  
Date \_\_\_\_\_

Northern Lights Award Application

Please provide one single-spaced, typewritten page (using 1.5” margins and a 12 point font) describing your (nominee’s) contribution to the counselling profession in Northwest Territories in the year prior to your application, in a community, university, practicum or other relevant setting. (Examples of such contributions include active volunteer involvement or representation in counselling-related initiatives, events, projects or programs. Your description should mention all past and present engagements and responsibilities, as well as any other volunteer award(s) held.)

Please also provide the name of the person you have chosen as your referee. This person must complete the attached Referee Form and a confidential reference letter in support of your application.

Please email both the completed form and reference letter directly to [nicholas.renaud@gmail.com](mailto:nicholas.renaud@gmail.com) by March 31, 2020. Late submissions will not be accepted.

Northern Lights Award-Referee Form

To Referee: Please complete this form, and prepare a confidential reference letter in which you comment on the applicant’s demonstration of the following:

- Noteworthy contribution to the counselling profession in the Northwest Territories in the years in a community, university, practicum, or another relevant setting. (Examples of such contributions include active volunteer involvement or representation in counselling-related initiatives, events, projects or programs.)
- Participation in the AB/NWT Chapter, CCPA (if relevant to nominee’s application).

Name of Applicant: \_\_\_\_\_

I have known the applicant for \_\_\_\_ years, in my capacity as \_\_\_\_\_.

Name of Referee \_\_\_\_\_

Agency/ Institution \_\_\_\_\_

Position \_\_\_\_\_  
\_\_\_\_\_

CCPA member: No \_\_\_ Yes \_\_\_ #:

Signature of Referee \_\_\_\_\_

Date \_\_\_\_\_

Please email both the completed form and reference letter directly to  
[nicholas.renaud@gmail.com](mailto:nicholas.renaud@gmail.com) by March 31, 2020.



- **Dr. Blythe Shepard Award**

Type or print all information

Name \_\_\_\_\_

CCPA# \_\_\_\_\_

Name of the Nominee (if different than above)

\_\_\_\_\_

Home Address

\_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Professional Credentials: \_\_\_\_\_

Current Employer & Employment

Address: \_\_\_\_\_

\_\_\_\_\_

I declare all information provided by me in this application to be true and agree to abide by the Terms of Reference of this Award if my application is approved.

Freedom of Information and Protection of Privacy Notice: The information on this form and all supporting documents is collected under the authority of the AB-NWT Chapter of the CCPA. The information is needed to adjudicate the Distinguished Service Award competition and will be used to determine the most suitable candidate for the Award. (If you have any questions about the collection and use of this information, please contact the Board via [nicholas.renaud@gmail.com](mailto:nicholas.renaud@gmail.com))

Applicant/Nominator Signature \_\_\_\_\_  
Date \_\_\_\_\_

Dr. Blythe Shepard Award Application (page 2)

Please provide one single-spaced, typewritten page (using 1.5” margins and a 12 point font) describing the nominee’s/your contribution to the counselling profession in Alberta and/or Northwest Territories in the year prior to your application, in a community, university, practicum or other relevant setting. (Examples of such contributions include active volunteer involvement or representation in counselling-related initiatives, events, projects or programs. The description should mention all past and present engagements and responsibilities, as well as any other volunteer award(s) held.) Please also provide the name of the person chosen as the referee. This person must complete the attached Referee Form and a confidential reference letter in support of your application. The Referee Form and reference letter must be sent directly to [nicholas.renaud@gmail.com](mailto:nicholas.renaud@gmail.com) from the Referee.

Dr. Blythe Shepard Award:-Referee Form

To Referee: Please complete this form, and prepare a confidential reference letter in which you comment on the applicant’s demonstration of the following:

- Contribution to the counselling profession in AB/NWT in the years prior to his/her application, in a community, university, practicum or other relevant setting. (Examples of such contributions include active volunteer involvement or representation in counselling-related initiatives, events, projects or programs.)
- Participation in the AB/NWT Chapter, CCPA (if relevant to nominee’s application).

Name of Nominee: \_\_\_\_\_

I have known the applicant for \_\_\_\_ years, in my capacity as \_\_\_\_\_.

Name of Referee \_\_\_\_\_ CCPA member: N\_\_\_\_  
Y\_\_\_\_#\_\_\_\_\_

Agency/Institution \_\_\_\_\_

Position \_\_\_\_\_

Signature of Referee \_\_\_\_\_

Date \_\_\_\_\_

Please email both the completed form and reference letter directly to [nicholas.renaud@gmail.com](mailto:nicholas.renaud@gmail.com) by March 31, 2020.