ᑲᒪᑦᓯᐊᓱᖕᒍᓂᕋᕐᑕᓈᓕᖓᔪᖅ ᓄᐃᑕᐅᔪᖅ2024
STAR CAREGIVER INITIATIVE 2024

ᐊᑎᖏᓐᓂᒃ ᒪᓂᔨᒍᑎᒃ / SUBMISSION FORM

ᓈᕕᒻᐱᓇᓕᒫᒥ, ᓄᓇᕕᒃ ᓇᓪᓕᐅᓂᕐᓯᐅᕈᑎᖃᓕᖓᕗᖅ ᑲᒪᔨᐅᓲᓂᒃ **ᑕᕐᑭᓕᒫᖅ ᐅᐱᒍᓱᓐᓂᖃᕐᓂᐅᑎᓪᓗᒍ ᑲᒪᔨᓂᒃ 2024.** ᑕᒪᓐᓇ ᓈᒻᒪᓇᑦᓯᐊᑐᖅ ᐃᓕᑕᕐᓯᓂᐅᓗᓂ ᐱᓇᓱᐊᒻᒪᓇᓐᓂᓇᑦᑕᖓᓐᓂᒃ ᑐᓂᓯᒪᓂᓇᑦᑕᖓᓂᓪᓗ ᑲᒪᔨᐅᓲᑦ ᐊᑦᑕᓇᖏᑐᒦᑦᑎᓯᑦᓯᑎᒃ ᖃᓄᐃᖏᓯᐊᓇᐊᖃᕐᓂᖓᓂᓪᓗ ᐃᑉᐱᒍᓱᑦᑎᐅᓯᑎᒃ ᐊᑦᑕᓇᕐᑐᒦᑐᐃᓐᓇᓇᐊᓖᑦ ᐊᒻᒪᓗ ᐊᓐᓂᓇᕐᑐᕐᑯᑕᐅᔪᐃᑦ ᓄᓇᓕᑦᑎᓂ;

ᑖᓐᓇ **ᐊᑎᖏᓐᓂᒃ ᒪᓂᔨᒍᑎᒃ** ᑕᑕᕐᓴᓗᒍ **ᑎᒃᑯᐊᓯᒍᓐᓇᕐᑯᑎᑦ ᐃᓄᒻᒥᒃ ᑲᒪᔨᐅᓲᒥᒃ** ᐅᑉᐸᓘᓐᓃᑦ **ᐱᓇᓱᐊᕐᑎᒥᒃ-ᑲᒪᔨᐅᓲᒥᒃ ᓄᓇᓕᑦᓯᓂ** ᐱᓇᓱᐊᕐᓂᒥᒍᑦ ᐱᐸᓪᓘᓲᒥᒃ ᐊᓯᑦᑕ ᐃᓅᓯᖏᓐᓂᒃ.

ᐊᖏᑐᐊᕐᐸᑕ, ᐱᓇᓱᐊᕐᓂᓇᓲᖏᑦ ᓇᐅᓕᒫᓄᑦ ᐃᓕᑕᓇᔭᐅᓕᕋᔭᕐᑐᑦ, ᐊᒻᒪᓗ ᐊᑎᖓ ᐊᒍᔭᐅᒍᓐᓇᓯᒐᔭᕐᑐᖅ ᓄᓇᕕᓕᒫᒥ ᑲᒪᔨᐅᔪᓂᒃ ᐅᐱᒍᓲᑎᖃᕐᓂᒍᑦ ᑕᕐᑭᕐᖃᕐᑎᑕᐅᔪᐃᑦ ᐅᑦᑐᓯᐊᕐᑖᓇᒐᔭᕐᑕᖓᓂᒃ!

ᑕᑕᕐᓴᓗᒍ ᐊᑖᓃᑦᑐᖅ ᒪᓂᔨᒍᒪᒍᕕᑦ ᑲᒪᔨᐅᓲᒥᒃ ᓄᓇᓕᑦᓯᓂ ᐊᑎᖓᓂ ᐊᐅᓪᓚᑎᓗᒍᓗ ᖃᓇᑕᐅᔭᒃᑯᑦ ᐊᓪᓚᓗᑎᑦ ᐅᕗᖓ Audrey.hachey.rr17@ssss.gouv.qc.ca ᓄᕕᒻᐱᓇ 29, 2024-ᖑᒍᓚᐅᕐᑎᓇᒍ.

Throughout the month of November, Nunavik will celebrate **Caregiver Appreciation Month 2024**. This is the perfect occasion to recognize the invaluable work and contributions caregivers make to safeguard the well-being of vulnerable and cherished members of our communities.

By using this **submission form**, you can **nominate a dedicated natural caregiver or worker-caregiver from your community** whose efforts make a meaningful impact in the lives of others.

With their consent, their contributions may be publicly recognized, and they will also be eligible to enter the Nunavik-wide Caregiver Appreciation Month prize draw!

Please fill in the sections below to submit a caregiver from your community and send it by email to Audrey.hachey.rr17@ssss.gouv.qc.ca by November 29th 2024

ᑲᒪᔨᑦᓯᐊᓱᖕᒍᓂᕐᐸᐅᓂᕋᕐᑕᐅᑉ ᖃᐅᔨᒪᔭᐅᒍᑎᖏᑦ / Information on the Star Caregiver	
ᐊᑎᖓ ᐊᑎᑐᖃᖓᓗ / Full name:	
ᓄᓇᓕᖓ / Community:	
ᐅᖁᓚᐅᑎᖓ / Phone number:	
ᖓ Facebook-ᑯᑦ (ᖃᐅᔨᒪᓯᐊᕐᕕᒋᓛᕋᑦᑎᒋᑦ ᖃᓇᑕᐅᔭᒃᑯᑦ ᑭᓇᖃᕐᕕᐅᓂᕋᕐᑕᑯᑦ) Name on Facebook: (In order to contact via Facebook)	
ᖃᓇᑕᐅᔭᒃᑯᑦ ᐊᓪᓚᕕᐅᕕᖓᑕ ᑐᕌᕈᑎᖓ / Email:	
ᐃᓪᓗᖓᑕ ᑭᑎᑦᔪᑎᖓ / House Number:	
ᐅᖁᓚᐅᑎᖓ / Phone number:	
ᐃᓅᓕᕐᕕᖓᑕ ᐅᓪᓗᖓ / Date of birth:	

ᑐᑭᓯᓇᕐᑎᓯᒋᑦ ᓱᒧᑦ ᑖᑦᓱᒥᖓ ᐃᓄᒻᒥ ᑎᒃᑯᐊᓯᒪᖕᒫᐸᑦ ᑲᒪᑦᓯᐊᓲᖕᒍᓂᕐᑦᑕᐅᔪᓄᑦ 2024-ᒥ ᐃᓚᒋᔭᐅᕐᑯᓪᓗᒍ (ᐅᑦᑑᑎᒋᓗᒍ, ᓱᓇᓱᐊᓲᖕᒍᑯ ᑲᒪᒋᔭᕐᑲᓕᕐᒥᒃ ᐊᓯᒥᓂᒃ, ᑭᓇᒥᒃ ᑲᒪᓲᖕᒍᑯ, ᖃᓄᑎᒋᒃ ᐊᑯᓂ ᑲᒪᒋᔭᕐᑲᕐᓯᒪᓕᕐᖃ ᐊᓯᒥᓂᒃ, ᐊᓯᖕᒋᓪᓗ.).

Explain why you are nominating this person for the 2024 Star Caregivers Initiative (Ex: what do they do to take care of others; who are they taking care of; how long have they been taking care of other. Etc.).

ᐊᖏᕐᓯᒪᒍᑎᒃ / Consent		
ᑲᒪᑦᓯᐊᓲᒍᓂᕐᐸᐅᓂᕐᕿᑦ ᐊᖏᕐᓯᒪᑉ ᐊᑎᖓᑕ ᐱᓇᓱᐊᕐᓯᒪᔭᖏᑦᑕᓗ ᓱᓇᐅᓂᖏᑦᑕ ᖃᓇᑕᐅᔭᒃᑯᑦ ᑮᓇᖃᕐᕕᐅᑉ ᐊᓪᓚᑕᐅᒐᔭᕐᓂᖏᓐᓂᒃ (Facebook-ᑯᑦ ᐊᒻᒪᓗ ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ ᑐᓴᕋᑦᓴᖃᕐᕕᖓᓂ) ᑐᓴᕋᑦᓴᖃᕐᕕᓂᓪᓗ (ᐊᑐᐊᒐᕐᑎᒍᑦ, ᓈᓚᐅᑎᒃᑯᑦ, ᑕᓚᕖᓴᒃᑯᑦ, ᐊᓯᖏᑦᑎᒍᓪᓗ) Does the star caregiver agree to have their name and contributions recognized online (Facebook and website) and in medias (newspaper, radio, tv, etc)?	☐ ᐋᐊ / Yes	☐ ᐊᐅᑲ / No
ᑲᒪᔨᐅᓲᖅ ᐊᖏᕐᓯᒪᑉ ᐊᑦᔨᓕᐅᕐᑕᐅᒐᔭᕐᓂᒥᓂᒃ ᑕᐸᐃᑯᓄᖓ ᐃᓕᔭᐅᒐᔭᕐᑎᓗᒍ? Does the caregiver agree to have their picture taken and used for the above?	☐ ᐋᐊ / Yes	☐ ᐊᐅᑲ / No
ᑲᒪᔨᐅᓲᖅ ᐅᕐᑳᒍᒪᒐᔭᕐᐸ ᐱᓇᓱᐊᓲᖕᒍᓂᕐᒥᓂᒃ ᑕᑯᓐᓇᕋᑦᓴᓕᐊᒍᓯᒪᓗᓂ ᐅᑉᑑᓐᓃ ᓇᓚᐅᑎᒃᑯᑦ?	ᑕᑯᓐᓇᕋᑦᓴᓕᐊᒍᓯᒪᓗᓂ / Video	
	☐ ᐋᐊ / Yes	☐ ᐊᐅᑲ / No
Is the caregiver interested in talking about their experience in a video or on the radio?	ᓈᓚᐅᑎᒃᑯᑦ / Radio	
	☐ ᐋᐊ / Yes	☐ ᐊᐅᑲ / No

ᖃᐅᔨᒪᔭᐅᒍᑎᖏᑦ ᐃᓅᑉ ᑎᒃᑯᐊᓯᔫᑉ ᑲᒪᑦᓯᐊᓲᖕᒍᓂᐸᐅᓂᕐᑦᑕᒥᒃ
Information on the person nominating a Star Caregiver

ᐊᑎᕐᒥ ᒪᓂᔨᓯᒪᔪᖅ / Form submitted by: _____

ᐊᑎᖓ ᐱᓇᓱᒐᖓᓗ ᐱᓇᓱᒐᖃᕈᓂ /
Name and position if any _____

ᖃᐅᔨᒋᐊᕐᕕᓴᖅ / Contact information: _____

(ᐅᕐᑳᓚᐅᑎᖓᑕ ᑭᑎᑦᔪᑎᖓ ᐊᒻᒪᓗ ᖃᓇᑕᐅᔭᒃᑯᑦ ᑐᕌᕈᑎᖓ /
Phone number and email) _____

NAKURMIIK!

ᓄᓇᕗᒻᒥ ᐃᓗᓕᓇᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ
RÉGIE RÉGIONALE DE LA NUNAVIK REGIONAL HEALTH AND SOCIAL SERVICES BOARD
SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK