

## **New hospital in the Village of Queen Charlotte naming form explained**

We're seeking naming suggestions for the new hospital in the Village of Queen Charlotte, and want you to participate! As with any public building, there is a process that the name needs to follow to be accepted. We would ask that you complete the asset naming nomination form in full, and email it back to Michael Melia, health services administrator, at [michael.melia@northernhealth.ca](mailto:michael.melia@northernhealth.ca) or submit it to the Queen Charlotte Islands General Hospital administration office.

### **Tips for completing the form**

- If you feel it would help, provide the nomination details in a separate document with up to 1000 words.
- Complete the information in full. If you just want to submit the name at this time, we may come back later for more information. However, the context is really helpful for the local engagement committee.
- If you have questions, email Michael Melia, health services administrator, at [michael.melia@northernhealth.ca](mailto:michael.melia@northernhealth.ca), or contact the Queen Charlotte Islands General Hospital and they will forward your request onto Michael.

Here are some detailed instructions for the various categories of information required in the nomination form:

### **Name of nominating individual/organization**

It is great to know who you are in the event we need to come back with questions/comments. Also include a phone number we can contact you at.

### **Proposed asset to be named**

New hospital in the Village of Queen Charlotte

### **Proposed name (If named after an individual, provide full name)**

What do you think the new hospital should be called? If you're nominating a name in Haida, please provide the literal translation.

### **For the purposes of honouring an individual? (If applicable)**

We want to know this person's story. Buildings are named after people that have had an extraordinary impact on the health care services of the area, therefore it is great to know this information for the consideration. Only fill out the Length of service to Northern Health if the person worked for the hospital or in health care.

### **Consideration for naming opportunity (if applicable)**

Did you, your organization, or the person you're nominating provide any direct funding to Northern Health, provide in-kind services such as volunteering or other expertise; provided health care services in the community for a period of time; or provide other supports.

**For nomination honouring distinguished service: Have at least three years elapsed since the individual last worked with Northern Health**  
Only fill out if the person worked for Northern Health.

### **Nomination details**

**Association of proposed name to the asset being named**

**Association with and main contribution(s) to Northern Health and/or local community**

**Background and/or biographical information demonstrating significance of proposed name to the community**

**Other reason(s) for proposed name (to reasonably assist the committee's deliberations)**

**Source(s) of above information**

In this section we want to get a deeper understanding of why the name being put forward works for the new hospital in the Village of Queen Charlotte. In essence you are being asked the following:

- Why is the name relevant to the new hospital?
- What does the new name mean to Haida Gwaii and the area the hospital will service?
- How does the background, history, context, or biographical information related to this name make it a great fit for the new hospital in the Village of Queen Charlotte?
- What other reasons do you have for naming this asset?

Make sure to provide your sources of information (people or organizations you connected with, various articles or books you maybe referencing). This will help us to better understand where the information you gathered came from and helps in supporting the case for the name!

<b>Name of nominating individual/organization</b>		<b>Proposed asset to be named</b>	
		New hospital in the Village of Queen Charlotte	
<b>Proposed name</b> (If named after an individual, provide full name.)			
<b>For proposed name honouring an individual</b> (if applicable)			
Date of birth	Date of death (if applicable)	Occupation (or former occupation)	Length of service to Northern Health
<b>Consideration for naming opportunity</b> (if applicable)			
<input type="checkbox"/> Financial	<input type="checkbox"/> In-kind (describe)	<input type="checkbox"/> Distinguished service (no financial or in-kind gift)	<input type="checkbox"/> Other (describe)
<b>For nomination honouring distinguished service:</b>			
Have at least 3 years elapsed since the individual last worked with Northern Health? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Nomination details</b>
<b>Association of proposed name to the asset being named</b>
<b>Association with and main contribution(s) to Northern Health and/or local community</b>
<b>Background and/or biographical information demonstrating significance of proposed name to the community</b>
<b>Other reason(s) for proposed name</b> (to reasonably assist the committee's deliberations)
<b>Source(s) of above information</b>

Completed nomination form is to be submitted to Health Services Administrator, Michael Melia  
(Michael.Melia@northernhealth.ca).