



III. NOMINEE REFERENCES

Please provide the names, addresses, and contact information for three (3) individuals who are familiar with the clinical, healing and other contributions of the person you have nominated for the Award.

**Reference #1.** First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Title and professional affiliation: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Reference #2.** First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Title and professional affiliation: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Reference #3.** First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Title and professional affiliation: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

IV. CONFIDENTIALITY REQUIREMENTS

Please advise if there are any security or confidentiality concerns that may require special attention to avoid endangering anyone or their work. [If there are no such concerns, please write "none".] \_\_\_\_\_

V. FOR FURTHER INFORMATION

For questions, additional information, or to request additional forms, please contact us through the following website, fax or phone numbers, or by writing to the address at the bottom of this page.

Telephone: (907) 966-2600 • Fax: (907) 966-2424 • E-mail: [rwrobin@ptialaska.net](mailto:rwrobin@ptialaska.net)

Internet: [www.barbarachesteraward.org](http://www.barbarachesteraward.org)

VI. MAILING ADDRESS AND DEADLINE

To be considered for this year's award, *forms must be postmarked no later than April 25, 2003*. When completed, please mail this form, along with any additional pages and enclosures, to the following address. You may also email the form at the Internet website: [www.barbarachesteraward.org](http://www.barbarachesteraward.org)

The Barbara Chester Award • Hopi Foundation  
Post Office Box 617  
Sitka, Alaska 99835 U.S.A.



Instructions

1. Type or print in dark ink. Add extra pages as needed to fully describe your candidate's merits. A resume and other documents may be attached, but attachments cannot be returned.
2. You may photocopy this form, or request additional forms (see contact information at the end of this form). You may also fill out and send a form on the Internet at our website ([www.barbarachesteraward.org](http://www.barbarachesteraward.org)).
3. Definitions:
  - **Nominee:** the candidate, the person recommended to receive the Award
  - **Nominator:** the person making the recommendation; the person filling out this form.
4. We appreciate that excellent work is being done by clinicians and healing practitioners from a wide range of backgrounds around the world. Candidates are evaluated on the merits of their work and unique strengths — not their educational, employment, or publication status.
5. If English is not your primary language, please note that we are interested in the quality of your candidate's work, not your writing skills. Please either use a translator or write your description as simply and clearly as you can. We regret that we cannot provide translation services at this time, but we encourage you to contact us about any questions or problems, and we will try to help.

I. THE NOMINEE

I recommend the following person to receive the Barbara Chester Award:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Current Work or Job Title \_\_\_\_\_

Current Employer/Organization \_\_\_\_\_

Current Employer/Organization's Address \_\_\_\_\_

Current Employer/Organization's Telephone Number \_\_\_\_\_

Date candidate began work with current Employer/Organization \_\_\_\_\_

Past History of Employment (describe and add pages or resume as needed) \_\_\_\_\_

Completed Levels of Education (check as appropriate): Grade School \_\_\_ High School \_\_\_ Partial College \_\_\_

4-Year College/Bachelor's Degree \_\_\_ Type of degree and Major \_\_\_\_\_

Graduate Degree[s] and Field[s] of Study \_\_\_\_\_

Other Degrees or Training (or internships/apprenticeships) \_\_\_\_\_

Publications by the nominee (attach a resume or representative list of publications, if relevant) \_\_\_\_\_



**Special Qualities and Accomplishments of the Nominee:**

Explain why you have nominated this person to receive the Barbara Chester Award. You may also wish to tell about your candidate in a factual story. In your explanation or story, it may be helpful to include information about the nominee's special and unique capabilities and accomplishments. The following are examples of information you may wish to include. You may attach additional pages, as needed.

- Client population(s) the nominee has worked with
- Community settings where s/he has worked
- Length of time s/he has worked treating survivors of torture
- Nature of the relationship between the nominee and the clients/community s/he serves
- Examples of advocacy for clients and human rights
- Excellence of clinical skills and qualities
- Indications of resourcefulness and commitment
- High-risk nature of the setting in which the nominee is working
- Case illustrations (examples of how your nominee worked with specific clients and the outcome, without disclosing clients' real names)



**II. NOMINATOR**

Nominated by: First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

What is your professional title and institutional affiliation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide your mailing address, phone, fax and e-mail contacts where we may reach you:

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Explain when and how you came to know the nominee, and the extent of your familiarity with your nominee's work. You may attach additional pages, as needed.