

Do not write in this field.

8<sup>TH</sup> EDITION  
LES PRIX SRS  
STARS DU RÉSEAU DE LA SANTÉ  
2026

An initiative by  
 Desjardins  
Caisse du Réseau de la santé 

## APPLICATION FORM

The SRS Awards, created by Caisse Desjardins du Réseau de la santé, are designed to **highlight and recognize professionals for their involvement in pursuing their goals to improve public healthcare.**

Numerous prizes are awarded each year to the **12 finalists in four categories** that reflect Desjardins values :

### **SIMPLE**

Simplify tasks or processes and improve procedures in your establishment.

### **PEOPLE-FOCUSED**

Emphasizes the human side of healthcare.

### **MODERN**

Generates benefits for the organization, patients and their families by introducing new ways of doing things.

### **HIGH-PERFORMANCE**

Demonstrates better use of human, financial or technological resources.

Several prizes with a total value of **\$ 26,000** are to be won, amount divided into purses of \$ 3,500, \$ 2,000 and \$ 1000.

## Where did you hear about SRS awards?

### Check the category for which you wish to submit your Last nameination?

- Simple     People-focused     Modern     High-performance

### Has your project been completed between january 1<sup>st</sup>, 2024 and december 31<sup>st</sup>, 2025?

This is an eligibility criterion.

- Yes     No

### Information on the person responsible for the project.\*

This is the person who will receive the check and who will be named on the stage to receive the prize. It is important to mention **only one person**.

*\*Subject to your consent*

First and last name:

Profession:

Email:

Phone number:

Please note that if your project is selected, we will contact you for the names of the other people involved in the project.

### Name of the public or private organization where you work and where the project was created.

If you're part of a CISSS or CIUSSS, please mention it.

## INFORMATION ON THE SUBMITTED PROJECT

**Name of the project  
(obligatory):**

**1- Describe your project in 250 words maximum.**

General explanation: what your project consists of, the results obtained, why it was set up, etc. Please make sure that the explanation given is **simple and understandable for all**, and that the terms used are well popularized.

If you are selected by the committee, this text will appear in the 8<sup>th</sup> edition of the [Revue Santé](#).

**2- Based on the evaluation criteria, explain in 250 words maximum how your project meets these criteria.**

For example, if a category contains the criterion "Simplifies...", then you need to explain how your project meets this criterion. Please note that each category has its own criteria, which the judges will use to assess your entry.

[Consult evaluation criteria application.](#)

**3- If you win one of the prizes, what do you plan to do with the money?  
Describe briefly. Please note that this question is part of the evaluation criteria.**

For example: Rewarding team members, investing in the project, organizing a team activity, etc.

**If you were to continue or improve your project, how much would you need?**

Amount \$

**What would you do with this amount?**



- **No research projects** will be accepted. Only implemented projects will be evaluated.
- Please note that **only this form will be accepted** for Last nameination (no videos, pamphlets or other documents will be accepted).
- The project can only be submitted **in one category**.
- The project will not be accepted if the picture and consent forms are not sent at the same time as the entry form.

The regulations can be found on the [Caisse Desjardins du Réseau de la santé website](#).

## PROCEDURE FOR SENDING YOUR APPLICATION FORM

1. **Save your form** on your computer.
2. Send to [prix.srs@desjardins.com](mailto:prix.srs@desjardins.com) :
  - Your **completed application form** and **appendix**.
  - Your **project photo** that meets the requirements (see the photo guide on the website for more details).
  - A **consent form** is required for **each person who appears in the photo**. You have two options for completing them:

**Online**

**PDF**

By submitting this application form, **I agree to the collection and use of my personal information** by the Caisse Desjardins de la Santé in order to complete my registration for the «SRS AWARDS» and to be contacted by telephone or e-mail if I am selected.

I consent to the collection of my personal information in the context of the SRS Awards contest.

I agree to have my project and photo published in the 8<sup>th</sup> edition of the Revue Santé if I am one of the selected projects.

If you would like to know more about the protection and confidentiality of personal information at Desjardins Group, we invite you to read our Privacy Policy, available at [www.desjardins.com/privacy](http://www.desjardins.com/privacy).

Please note that we will acknowledge receipt of your application form.

### For any questions

Contact Annick Boismenu at **1 877 522-4773**, extension **7006208**  
or by email at [annick.boismenu@desjardins.com](mailto:annick.boismenu@desjardins.com)

**GOOD LUCK TO EVERYONE!**

# APPENDIX

## List of people in the picture

Please list **all the people who appear in the picture**, including yourself. To facilitate the process, please list the people in order of appearance, **from left to right**.

First name

Last name

Function: Please enter titles in full. For example, Nurse rather than RN.

Email (We *will only contact the person if we have not received their consent form*.)

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Last name

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