Australian Disability Enterprises Excellence Award 2016 Guidelines and Nomination form

# Introduction

The Australian Disability Enterprises Excellence Award has been established to recognise, encourage and promote the significant contribution that Disability Enterprises make in improving the lives of people with disability. The Award also provides an opportunity to recognise the dual focus of Disability Enterprises as viable businesses providing high quality employment to people with disability.

If your Australian Disability Enterprise, or a Disability Enterprise in your community, has made a significant contribution to ensuring that people with disability are encouraged to participate to their full potential in employment, tell us about it by nominating them for the Australian Disability Enterprises Excellence Award 2016.

# Important Dates and Information

**Nominations Close Friday 8 April 2016**

**Acknowledgements** Nominations will be acknowledged via email within 2 working days of being received by DSS.

**Award Ceremony** National Disability Services Employment Forum

Monday 30 May 2016 at the National Convention Centre, Canberra

**Enquiries** Email excellenceawards@dss.gov.au

**Nominations to be lodged** By mail:

Disability Employment Assistance

Australian Disability Enterprises Excellence Award

GPO Box 9820

BRISBANE QLD 4001

By email: excellenceawards@dss.gov.au

# Award Presentation

The Awards will be presented at the National Disability Services Employment Forum being held on Monday 30 May 2016 at the National Convention Centre, Canberra.

Nominated representatives (Chief Executive Officer or equivalent) from the winning Disability Enterprises will have the opportunity to meet the Assistant Minister at the Award presentation ceremony.

The winning Enterprise will be presented with a trophy at the ceremony.

# Conditions of Entry

To nominate a Disability Enterprise, please complete the nomination form in full and attach supporting statements addressing the selection criteria.

If nominating a Disability Enterprise for an Award, you will need to make sure that the Disability Enterprise you nominate agrees to be nominated and agrees that information contained in the nomination form will be provided to DSS.

The Chief Executive Officer (or equivalent) of the Disability Enterprise you are nominating must indicate their consent by completing the declaration section of the nomination form.

* Nominations that are sent by post must be received at the Awards postal address no later than **Friday 8 April 2016**.
* Nominations that are sent by email must be received by DSS by
5pm (AEST) on **Friday 8 April 2016**.
* Late nominations will **not** be considered.
* Nominations are only open to Disability Enterprises that receive Disability Employment Assistance funding by DSS.
* Members of the judging panel and their immediate family cannot nominate a Disability Enterprise for an Award.
* Information submitted may be used in promotion and publicity associated with the Australian Disability Enterprises Excellence Award or DSS.
* Disability Enterprise nominees and those nominating will be advised in writing of the outcome.

# Judging

Nominations will be assessed against the selection criteria included with these Guidelines.

Nominations may be short listed and then referred to the judging panel who will decide the winner of the Award.

# Privacy and Confidentiality

Information about the Disability Enterprise nominated will be used for the assessment process.

Information about the Disability Enterprise provided in the nomination form will be used for the purposes of the assessment and judging process and Award announcement, including promotion of the Australian Disability Enterprises Excellence Award. This may include publishing details on the DSS website, in media releases announcing finalists and recipients of the Award, or any other promotional material.

The information provided on the nomination form is collected by DSS and will be made available to the judging panel.

# Any personal information provided in the nomination form is protected under the Privacy Act 1988. It will not be used for any other purpose, or be disclosed to any other person or organisation without your consent, unless authorised by law.Nomination Criteria

**Australian Disability Enterprises Excellence Award**: Disability Enterprises demonstrating new and innovative practices supportive of the development of high quality and sustainable employment, whilst providing premium employment conditions to their employees with disability.

This Award will acknowledge an organisation that provides best practice and innovative training opportunities; achieves strong wage outcomes; provides safe working conditions, social inclusion and participation for the employees; and quality of service to people with disability.

 **Criterion A** Describe one or more of the innovative training practice/s the Disability Enterprise operates.

* Provide a clear description and evidence of the innovative training practice/s implemented in your organisation and how they enhance the skills, knowledge and career paths of people with disability.

 **Criterion B** Demonstrate how the Disability Enterprise is a leader in providing the highest quality employment conditions for employees with disability.

* Provide a clear description and evidence on how your business model delivers economic and social participation for people with disability.

**Criterion C** Describe what you are doing to ensure you will be able to provide quality employment outcomes for people with disability over the long term.

* Provide a clear description and examples of how your business strategy will enable you to continue to provide, or improve, quality employment outcomes for people with disability in the long term as your service transitions to the NDIS.

# Section 1: Details of Nominator

Title (Mr/Mrs/Ms) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Last Name. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

First Names . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Postal Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Email . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Telephone:

(business hours) . . . . . . . . . . . . . . . . . . . . . . . . . . . .Mobile . . . . . . . . . . . . . . . . . . .

Please describe your relationship to the Disability Enterprise (e.g. purchaser, employee, support worker, family/carer/advocate of employee, member of the community).

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# Section 2: Details of Disability Enterprise

Organisation Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Outlet/Site Names . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Number of Supported Employees (outlet capacity) . . . . . . . . . . . . . . . . . . . . . . . . . .

Chief Executive Officer Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Chief Executive Officer Telephone: (business hours) . . . . . . . . . . . . . . . . . . . . . . . .

Postal Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Telephone:

(business hours) . . . . . . . . . . . . . . . . . . . . . . . . . . . .Mobile . . . . . . . . . . . . . . . . . . .

# Section 3: About the Disability Enterprise

In 200 words or less, please provide general background information about the

Disability Enterprise

Prompts:

* How and when was the Disability Enterprise established?
* What products and services does it provide?
* Describe the structure of the Disability Enterprise.
* Vision, values and future direction of the Disability Enterprise.

# Section 4: Selection Criteria

**Criterion A** – In 500 words or less, describe one or more of the innovative training practice/s the Disability Enterprise operates.

* Provide a clear description and evidence of the innovative training practice/s implemented in your organisation and how they enhance the skills, knowledge and career paths of people with disability.

**Criterion B** In 500 words or less, describe how the Disability Enterprise is a leader in providing the highest quality employment conditions for employees with disability.

* Provide a clear description and evidence on how your business model delivers economic and social participation for people with disability.

**Criterion C** In 500 words or less, describe what you are doing to ensure you will be able to provide quality employment outcomes for people with disability over the long term.

* Provide a clear description and examples of how your business strategy will enable you to continue to provide, or improve, quality employment outcomes for people with disability in the long term as your service transitions to the NDIS.

# Section 5: Declaration

**Declaration by Chief Executive Officer**

I have read, understand and agree to abide by the conditions set out in the Australian Disability Enterprises Excellence Award 2015 Guidelines.

Signature of Chief Executive Officer . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name (Please Print) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Phone Number (during business hours) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Email . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Declaration by Person Completing the Form**

I have read, understand and agree to abide by the conditions set out in the Australian Disability Enterprises Excellence Award 2016 Guidelines. I have completed the nomination application form with information that is true and correct at the time of completing the form. I have advised the Chief Executive Officer (or equivalent officer) of the nominated Disability Enterprise of this nomination and he/she is aware of the conditions detailed in the Australian Disability Enterprises Excellence Award 2016 Guidelines.

Signature of person completing the form . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name (Please Print) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Phone Number (during business hours) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Email . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

# Check List

Please ensure you have completed these tasks before forwarding the nomination:

* I have read the Guidelines and understand and agree to abide by the conditions set out in the Guidelines.
* Sections 1 to 5 of the nomination form have been completed.
* I have signed the nomination form.
* The Chief Executive Officer (or equivalent) of the Disability Enterprise being nominated has signed the form.
* Please ensure that your contact details are correctly completed, as this is the information DSS will use to contact you.
* Attachments (if any) have been clearly labelled with the name of the nominated Disability Enterprise.

# Disclaimer

* Neither DSS nor the judging panel will be responsible for the improper delivery or non-arrival of Award material.
* All submissions received will be acknowledged in writing.
* If you do not receive a confirmation notice within 2 working days of the closing date, please email excellenceawards@dss.gov.au.