



2009 ACT CHIEF MINISTER'S
INCLUSION AWARDS
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AWARD SUBMISSION KEY INFORMATION

Award Category 8: INCLUSION - TOURISM AND HOSPITALITY

This award recognises businesses, agencies, departments, institutions or organisations that have proven to provide exceptional service to people with a disability or excelled in accommodating the needs of customers, clients or staff with a disability.

Return completed submission to: inclusionawards@blits.org.au

Eligibility Criteria and Conditions: www.inclusionawards.com.au

Key Dates

Award Submission Closing:	5pm, Monday 7 September 2009
Award Ceremony:	Thursday 22 October 2009

LOGDMENT OF SUBMISSION

Closing date: 7 September 2009

Email Submission Documents to: The Awards Coordinator
inclusionawards@blits.org.au

SUPPORTING DOCUMENTS AND ATTACHMENTS

Nominees are welcome to attach supporting evidence to nominations including testimonials, photos, newspaper clippings, audio visual and other relevant materials. Submission documentation should be delivered by email by the due date, but where it is not convenient to produce supporting documentation in a digital format, this material can be posted to the address provided below.

The Awards Coordinator
ACT Inclusion Awards
PO Box 2158
Canberra ACT 2601



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CONFIRMATION OF AWARD SUBMISSION

A confirmation of submission receipt will be sent within three working days of receipt of the award submission, (email submissions are requested).

If you have not received confirmation of receipt of your submission in this time frame, contact Frank Crews on 0402 132 194 or inclusionawards@blits.org.au

SUBMISSION VALIDITY

To be valid, nominations must:

1. Be provided with the knowledge and agreement of the nominee
2. Be lodged no later than COB 7 September 2009
3. Include a declaration of agreement to award conditions (found in this document)
4. Comply with the published award eligibility, criteria and conditions of entry available at www.inclusionawards.com.au

ELIGIBILITY OVERVIEW

The Awards are open to people, businesses, departments, institutions organisations and agencies (as appropriate to each award category) that have taken significant steps to include people with disabilities.

Businesses or organisations must be operational at the time of presentation of an Inclusion Award. Organisations that have been found in breach of ACT or Commonwealth law, have been found guilty of an offence by the Human Rights Commission will be excluded. See full list of award eligibility, criteria and conditions of entry at: www.inclusionawards.com.au

Entrant Assistance and Help Desk Information

Please email the Award Submission Coordinator inclusionawards@blits.org.au by the deadline. People with disabilities needing assistance in lodging the submission (such as audio submissions) should contact Disability ACT on 02 6207 1086.

Disclaimer:

The event management and awards coordinator will not be responsible for the improper delivery or non-arrival of awards material.

BDW SPECIAL EVENTS PTY LTD

GPO Box 2495 Canberra ACT 2601 T 02 6230 5211 F 02 6248 8122

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AWARD SUBMISSION FORM

Award Category 8: INCLUSION IN TOURISM AND HOSPITALITY

In your submission you will need to demonstrate that the nominee is committed to including people with disabilities as employees or customers as evidenced by policies, practices and innovations.

The ACT Excellence in Inclusion Award winner will be drawn from the nominees in the other categories and does not require the completion of a separate nomination form.

SECTION 1: NOMINATOR DETAILS

1.0 Are you nominating a business, agency, department, institution or organisation where you are employed?

Please circle one Yes No

YOUR DETAILS

Title: (Mr/Ms/Mrs etc)	
First Name:	
Last Name:	
Position: (if working in or owner of the business)	
Organisation Name:	
Postal Address:	
State/Territory:	
Postcode:	
Email Address:	
Daytime Telephone:	
Mobile:	

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SECTION 2: NOMINEE BUSINESS AND CONTACT DETAILS

2.0 Is the nominee funded by the Commonwealth or ACT Government?

Please circle one Yes No

2.1 NOMINEE BUSINESS CONTACT DETAILS

Organisation Name:	
ABN:	

Nominee (Business) Contact

Title: (Mr/Ms/Mrs etc)	
First Name:	
Last Name:	
Position:	
Postal Address:	
State/Territory:	
Postcode:	
Email Address:	
Business Web Address:	
Daytime Telephone:	
Mobile:	

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SECTION 3: ABOUT THE NOMINEE

3.0 Briefly describe the principal area of work, products or services offered by the business, agency, department, institution or organisation.

(**word limit:** 300 words excluding attachments or supporting documents)

Tip: Include descriptive information such as business size, customer base, longevity of business, core values, related policies and aims and objectives.

3.0 Answer/detail:

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SECTION 4: INITIATIVES

4.0 Describe the initiatives the nominee has taken to include people with a disability as employees, customers or both?

(word limit: 500 words excluding attachments or supporting documents)

Tip: Ensure you state why you are making the nomination and as appropriate, please mention any facets likely to interest the judging panel such as accessibility, innovative approaches. Provide detail if employees include people with disabilities in management positions or consultation has been undertaken with people with disabilities in developing the initiatives.

4.0 Answer/detail:

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SECTION 5: BENEFITS FOR PEOPLE WITH A DISABILITY

5.0 How have people with a disability benefited from these initiatives?
(**word limit:** 300 words excluding attachments)

*Tip: Try and provide specific/quantitative examples of outcomes such as:
- customers who can now purchase goods and services or results of policies in place
and initiatives developed and implemented. Include supporting documents
(attachments) and/or appropriate references that substantiate benefits gained.*

5.0 Answer/detail:

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5.1 If your initiative inspired others to include people with disabilities, how?

(**word limit:** 300 words excluding attachments)

5.1 Answer/detail:

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5.2 If known, how many people with disabilities do you believe have benefited?

(**word limit:** 300 words excluding attachments)

5.2 Answer/detail:

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SECTION 6: BUSINESS BENEFITS

6.0 Describe how the business, agency, department, institution or organisation has benefited from these initiatives.

(**word limit:** 500 words excluding attachments)

Tip: You might wish to detail increased custom/service provision to people with disabilities or benefits to the organisation from the employment of persons with a disability.

6.0 Answer/detail:



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SECTION 7: ADDITIONAL INFORMATION

Please note any other information likely to be of interest to the judging panel.

(**word limit:** 300 words excluding attachments)

7.0 Answer/detail:



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SECTION 8: REFEREES

Please provide two referees (other than the nominator) who can be contacted in the event of your nomination being short-listed. They may be employees, customers and service users who have benefited from the initiatives as well as organisations in the disability community.

The referees must be able to comment on the quality of your initiative that has included people with a disability. Please ensure that you provide a copy of this nomination form to your referees.

REFEREE 1	
Title: (Mr/Ms/Mrs etc)	
First Name:	
Last Name:	
Position:	
Email Address:	
Daytime Telephone:	
Mobile:	
Relationship to nominee:	

REFEREE 1	
Title: (Mr/Ms/Mrs etc)	
First Name:	
Last Name:	
Position:	
Email Address:	
Daytime Telephone:	
Mobile:	
Relationship to nominee:	

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SECTION 9: DECLARATION

Please note:

This declaration needs to be completed by the individual, business or agency *nominated for the award*.

DECLARATION BY THE NOMINEE

I have read, understand and agree to abide by the conditions of award submission and have read and understood the eligibility and criteria information listed at www.inclusionawards.com.au

I, _____(enter full name)

on behalf of _____
(name of business)

Date: _____

Signature: _____

Position: _____

Completed nomination forms must be received by email or post no later than 5pm, 7 September 2009.

Supporting documentation sent by post must be postmarked no later than 5pm, 4 September 2009.

Submission lodgment date: _____