



2010 ACT CHIEF MINISTER'S  
**INCLUSION AWARDS**  
small change - big difference



## AWARD SUBMISSION KEY INFORMATION

### Award Category 1: **SMALL BUSINESS - PRIVATE SECTOR**

This award recognises private sector businesses with 15 or less employees 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](mailto:inclusionawards@blits.org.au)

**Eligibility Criteria and Conditions:** [www.inclusionawards.com.au](http://www.inclusionawards.com.au)

#### **Key Date**

Inclusion Award Ceremony: **Thursday 7 October 2010**

#### **LODGMET OF SUBMISSION**

Closing date: **Friday 27 August 2010**

Email Submission Documents to: The Awards Coordinator

#### **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

BDW SPECIAL EVENTS PTY LTD  
GPO Box 2495 Canberra ACT 2601 T 02 6230 5211 F 02 6248 8122  
ABN 22 055 774 493 [www.inclusionawards.com.au](http://www.inclusionawards.com.au)





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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](mailto: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 August 2010.
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](http://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](http://www.inclusionawards.com.au)

### **Entrant Assistance and Help Desk Information**

Please email the Award Submission Coordinator [inclusionawards@blits.org.au](mailto: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.



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**AWARD SUBMISSION FORM**

**Award Category 1: SMALL BUSINESS - PRIVATE SECTOR**

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 your own business or one in which you are employed?

Please circle one    Yes    No

**YOUR DETAILS**

Title: (Mr/Ms/Mrs etc)

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First Name:

---

Last Name:

---

Position:  
 (if working in or owner of the business)

---

Organisation Name:

---

Postal Address:

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State/Territory:

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Postcode:

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Email Address:

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Daytime Telephone:

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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** Is the nominee a small or medium sized business with 1-15 employees?

**Please circle one**      Yes      No

**3.1** Briefly describe the principal area of work, products or services offered by the business.

**(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.*

3.1 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 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)

*Tip: If applicable, you may wish to note that the nominee is a Canberra owned family business or a start up in emerging field, that the nominee is a person with a disability, provides services to people with disabilities, focuses on access by people with disabilities or has received other recognition or Awards related to this nomination. Include any other challenges which make the nominees achievement notable.*

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, \_\_\_\_\_  
 (enter full name)

on behalf of \_\_\_\_\_  
 (name of business, organisation or government department )

Confirm that 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](http://www.inclusionawards.com.au)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date of submission lodgment \_\_\_\_\_

Completed nomination forms must be received by email or post no later than **5 pm, 27 August 2010.**

Supporting documentation sent by post must be postmarked no later than **5 pm, 3 September 2010.**