



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



AWARD SUBMISSION KEY INFORMATION

**Award Category 9: THE MARGARET SPALDING AWARD
- INCLUSION BY AN INDIVIDUAL**

The Margaret Spalding Award for outstanding contribution to the inclusion of people with disabilities will be awarded to an individual who has, as a result of personal efforts and commitment, significantly raised the participation and presence of people with a disability in the ACT community working in or through public or private sector businesses, ACT government departments, agencies or organisations.

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

Eligibility Criteria and Conditions: 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
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

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





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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 **Friday 27 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

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.



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AWARD SUBMISSION FORM

Award Category 9: THE MARGARET SPALDING AWARD - INCLUSION BY AN INDIVIDUAL

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

Title: (Mr/Ms/Mrs etc)

First Name:

Last Name:

Position: (if relevant)

Organisation Name: (if relevant)

Postal Address:

State/Territory:

Postcode:

Email Address:

Daytime Telephone:

Mobile:



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SECTION 2: NOMINEE BUSINESS AND CONTACT DETAILS

2.0 NOMINEE CONTACT DETAILS

Title: (Mr/Ms/Mrs etc) _____

First Name: _____

Last Name: _____

Organisation Name/s as appropriate _____

Position: _____

Postal Address: _____

State/Territory: _____

Postcode: _____

Email Address: _____

Daytime Telephone: _____

Mobile: _____



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SECTION 3: ABOUT THE NOMINEE

3.0 Describe the principal area in which the nominee is involved or type of activities he or she is primarily engaged in relation to the disability sector.

(**word limit:** 100 words)

3.0 Answer/detail:



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SECTION 4: INITIATIVES AND CONTRIBUTIONS

4.1 As applicable, describe:

- a) initiatives the nominee has instigated, developed or assisted in developing to improve the presence and participation of people with disabilities in the ACT community, as customers, clients, employees or a combination of these and/or
- b) contributions the nominee has made to public or business based programs, activities or projects or services which have demonstratively improved the presence and participation of people with disabilities in the ACT community as customers, clients, employees or a combination of these

(**word limit:** 800 words excluding attachments or supporting documents)

4.1 Answer/detail:



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SECTION 5: BENEFITS FOR PEOPLE WITH A DISABILITY

5.1 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

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: ADDITIONAL INFORMATION

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

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

6.0 Answer/detail:



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SECTION 7: REFEREES

Please provide two referees (other than the nominator) who can be contacted in the event of your nomination being short-listed.

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 8: 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

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.**