

Open Employment Excellence Award 2019

Guidelines and Nomination form

# Introduction

The Open Employment Excellence Award recognises, encourages and promotes the significant contribution that Disability Employment Service providers make in improving the lives of people with disability.

If a DES provider you know of has ensured that people with disability are encouraged to participate to their full potential in employment, tell us about it by nominating them for the Open Employment Excellence Award 2019.

# Important Dates and Information

**Nominations Close Friday 31 May 2019**

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

**Award Ceremony** National Disability Services Disability at Work Summit Networking Event

6:00pm Thursday 20 June 2019 at the Hilton Adelaide

**Enquiries** [paul.musso@nds.org.au](mailto:hello@buyability.org.au)

**Nominations to be lodged** By mail:

National Disability Services

Open Employment Excellence Award

Locked Bag 3002

Deakin West ACT 2600

By email:

[paul.musso@nds.org.au](mailto:paul.musso@nds.org.au)

# Award Presentation

The Awards will be presented at the National Disability Services Disability at Work Conference Networking Event at 6:00pm held on Thursday 20 June 2019 at the Hilton Adelaide.

The winning DES Provider and runner up will be presented with a trophy at the ceremony.

# Conditions of Entry

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

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

The Chief Executive Officer (or equivalent) of the DES provider 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 31 May 2019**.
* Nominations that are sent by email must be received by NDS by   
  5pm (AEST) on **Friday 31 May 2019**.
* Late nominations will **not** be considered unless relevant evidence of extenuating circumstances can be provided.
* Nominations are only open to Disability Employment Services that have been on the provider panel operating from 1 July 2018.
* Members of the judging panel and their immediate family cannot nominate a DES provider for an Award.
* Information submitted may be used in promotion and publicity associated with the Open Employment Excellence Award or NDS.
* DES provider 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 and one runner up.

# Privacy and Confidentiality

Information about the DES provider nominated will be used for the assessment process.

Information about the DES provider in the nomination form will be used for the purposes of the assessment and judging process and Award announcement, including promotion of the Open Employment Excellence Award. This may include publishing details on the NDS 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 NDS 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

**Open Employment Excellence Award**: The Award will be presented to DES providers that demonstrate new and innovative practices that ensure high quality, sustainable employment outcomes for their participants with disability.

This Award will acknowledge a DES provider that offers:

* Innovative training and job readiness practices that enhance the skills, knowledge and vocational pathways of people with disability
* Access to sustainable employment that takes into account an individual’s skills, employment aspirations and choice.
* Excellence in recruitment services that ensures employers have the right job match, support and guidance to meet their business needs.

**Criterion A** Describe one or more of the innovative training and job readiness practice/s the offered by the DES provider.

* Provide a clear description and evidence of the innovative training and job readiness practice/s implemented by the DES provider and how they enhance the skills, knowledge and vocational pathways of people with disability.

**Criterion B** Demonstrate how the DES provider is a leader in obtaining high-quality employment outcomes for jobseekers with disability.

* Describe how the DES provider obtains high-quality employment outcomes. This could include for example, jobseekers obtaining employment in fields they are interested in, performing work that matches their strengths, hours of work that match employee preference and opportunities for career development and progression.

**Criterion C** Describe what the DES provider is doing to ensure it meets the needs of employers.

* Provide a clear description and examples of how the DES provider works with employers to ensure they have access to a pool of candidates who have the capacity to develop the skills to meet the inherent requirements of the vacancy on offer. Include examples of how you job match the employer to the candidate, the use Customised Employment principles such as job carving, the support that is provided during the on-boarding process, the initial on-the-job support provided and ongoing supports available.

# Section 1: Details of Nominator

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

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

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

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

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

Telephone:

(Business hours) . . . . . . . . . . . . . . . . . . . . . . . . . . . .Mobile . . . . . . . . . . . . . . . . . . .

Please describe your relationship to the DES provider (e.g. employer, DES participant, support worker, family/carer/advocate of DES participant, member of the community).

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

# Section 2: Details of the DES provider

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

Business name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Number of participants with disability working with the DES provider . . . . . . . . . . . .

Chief Executive Officer/Manager Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

CEO/Manager Telephone: (business hours) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

Telephone:

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

# Section 3: About the DES provider

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

Prompts:

* Are they a small, medium or large provider?
* Are they are a for or not-for-profit provider?
* How many DES participants do they assist?
* Are employees with disability employed in the organisation?
* Are they a regional or metropolitan provider?
* Are they a specialist service provider?
* Vision, values and future direction of the provider

# Section 4: Selection Criteria

**Criterion A** In 500 words or less, describe one or more of the innovative training and job readiness practice/s the offered by the DES provider.

* Provide a clear description and evidence of the innovative training and job readiness practice/s implemented by the DES provider and how they enhance the skills, knowledge and vocational pathways of people with disability.

**Criterion B** In 500 words or less, describe how the DES provider is a leader in obtaining high-quality employment outcomes for employees with disability.

* Describe how the DES provider obtains high-quality employment outcomes. This could include for example, jobseekers obtaining employment in fields they are interested in, performing work that matches their strengths, hours of work that match employee preference and opportunities for career development and progression.

**Criterion C** In 500 words or less, describe what the DES provider is doing to ensure it meets the needs of employers.

* Provide a clear description and examples of how the DES provider works with employers to ensure they have access to a pool of candidates who have the capacity to develop the skills to meet the inherent requirements of the vacancy on offer. Include examples of how you job match the employer to the candidate, the use of Customised Employment principles such as job carving, the support that is provided during the on-boarding process, the initial on-the-job support provided and ongoing supports available.

# Section 5: Declaration

**Declaration by Chief Executive Officer/Manager**

I have read, understand and agree to abide by the conditions set out in the Open Employment Excellence Award 2019 Guidelines.

Signature of CEO/Manager . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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 Open Employment Excellence Award 2019 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 DES provider of this nomination and he/she is aware of the conditions detailed in the Open Employment Excellence Award 2019 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 DES provider being nominated has signed the form.
* Please ensure that your contact details are correctly completed, as this is the information NDS will use to contact you.
* Attachments (if any) have been clearly labelled with the name of the nominated DES provider.

# Disclaimer

* Neither NDS 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 (address).