# Disability Employment Excellence Awards 2018

The Disability Employment Excellence Awards recognise, encourage and promote the significant contribution that Disability Enterprises and Disability Employment Service providers make in improving the lives of people with disability.

Has your organisation or an organisation in your community made a significant contribution to ensuring people with disability are fulfilling their employment potential? Tell us about it by nominating in the Disability Employment Excellence Awards 2018.

NDS acknowledges the continued support of the Pratt Foundation in sponsoring these awards.

# **Nomination criteria**

Nominations may be received for the Supported Employment category or the Open Employment category.

A winner will be selected in each category.

**Supported Employment Excellence Award**

This Award will acknowledge an organisation that provides:

* Innovative and best practice training opportunities
* Strong wage outcomes
* Safe working conditions, social inclusion and participation for supported employees
* High-quality service outcomes for people with disability

 **Criterion A** Describe one or more of the innovative training practice/s the Disability Enterprise offers its employees with disability.

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

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

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

**Criterion C** Describe what the Disability Enterprise is doing to ensure it will provide high-quality employment outcomes for people with disability in the long term.

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

**Open Employment Excellence Award**

This Award will acknowledge a DES provider that offers:

* Innovative and best practice employment services including employment preparation, job search, employment negotiation, on the job support and ongoing support (when required)
* 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 the DES provider’s innovative and best practice approaches that ensure a high-quality employment outcome for both the participant and the employer.

* Provide a clear description and evidence of the innovative practices the provider has developed and applied to ensure a participant has a high-quality employment outcome. Include examples of how these practices have enhanced the skills and knowledge of individuals to ensure they have meaningful vocational pathways.

 **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, 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 skills or 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 support that is provided during the on-boarding process, the initial on-the-job support provided and ongoing supports available.

# **Important dates and information**

**Nominations close - Friday 18 May 2018**

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

**Award ceremony** National Disability Services Disability at Work Conference Cocktail Party, 6:00pm Thursday 14 June 2018 at the Sofitel Sydney Wentworth

**Enquiries** hello@buyability.org.au

**Nominations to be lodged** By mail:

National Disability Services

Disability Employment Excellence Awards

Locked Bag 3002

Deakin West ACT 2600

By email:

hello@buyability.org.au

# Award presentation

The Awards will be presented at NDS’s Disability at Work Conference Cocktail Party – Thursday 14 June 2018, 6pm at the Sofitel Sydney Wentworth.

The winners and runners up in both categories will receive an award.

# Conditions of entry

To nominate a Disability Enterprise or DES provider, please complete the nomination form in full and attach supporting statements addressing the selection criteria. Self-nominations are accepted.

If nominating a Disability Enterprise or DES Provider that is not your organisation, you must ensure the nominee has agreed and understands the information contained in the nomination form will be provided to NDS.

The Chief Executive Officer (or equivalent) of the organisation 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 18 May 2018**.
* Nominations that are sent by email must be received by NDS no later than
5pm (AEST) on **Friday 18 May 2018**.
* Late nominations will **not** be considered unless relevant evidence of extenuating circumstances can be provided.
* Nominations are only open to Disability Enterprises that have a funding agreement with the Department of Social Services to provide Disability Employment Assistance.
* Nominations for DES providers are only open to those that have received an offer to be on the provider panel operating from 1 July 2018.
* Members of the judging panel and their immediate family cannot nominate an organisation for an Award.
* Information submitted may be used in promotion and publicity associated with the Disability Employment Excellence Awards and / or more broadly for NDS.
* Nominees and those nominating will be advised in writing of the outcome.

# Judging

Nominations will be assessed against the selection criteria included in this prospectus.

Nominations may be shortlisted and then referred to the judging panel who will decide the winner and runner-up in each category.

# Privacy and confidentiality

Information about the nominated organisation will be used for the assessment process.

Information provided about the organisation in the nomination form will be used for the purposes of the assessment and judging process and Award announcement, including promotion of the Disability Employment Excellence Awards. This may include publishing details on the NDS website, in media releases announcing finalists and recipients of the Awards, 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.

# **Supported Employment Excellence Award nomination form**

# Section 1: Details of nominator

Last name. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

First name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Postal address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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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 the Disability Enterprise

Organisation name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Outlet/site names . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Number of supported employees. . . . . . . . . . . . . . . . . . . . . . . . . .

Chief Executive Officer name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Postal address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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# 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 vocational and non-vocational pathways of people with disability.

**Criterion B** In 500 words or less, describe how the Disability Enterprise is a leader in providing high-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 high-quality employment outcomes for people with disability in the long term.

* Provide a clear description and examples of how your business strategy will enable you to continue to provide, or improve, high-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 Disability Employment Excellence Awards 2018 guidelines.

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

Name (please print) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

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**Declaration by person completing the form**

I have read, understand and agree to abide by the conditions set out in the Disability Employment Excellence Awards 2018 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 organisation of this nomination and he/she is aware of the conditions detailed in the Disability Employment Enterprises Excellence Awards 2018 guidelines.

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

Name (please print) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

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# ****Open Employment Award Excellence nomination form****

# Section 1: Details of nominator

Last name. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

First name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Postal address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

Outlet/site names . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Number of participants. . . . . . . . . . . . . . . . . . . . . . . . . .

Chief Executive Officer name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Postal address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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# 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, 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 skills or 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 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**

I have read, understand and agree to abide by the conditions set out in the Disability Employment Excellence Awards 2018 guidelines.

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

Name (please print) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

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**Declaration by person completing the form**

I have read, understand and agree to abide by the conditions set out in the Disability Employment Excellence Awards 2018 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 organisation of this nomination and he/she is aware of the conditions detailed in the Disability Employment Enterprises Excellence Awards 2018 guidelines.

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

Name (please print) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

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# **Checklist**

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 either the Supported Employment Award or Open Employment Award nomination forms have been completed.
* I have signed the nomination form.
* The Chief Executive Officer (or equivalent) of the organisation 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 organisation.

# 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 two working days of the closing date, please email hello@buyability.org.au