

## icare aware award nomination form

### 1. Nominator (Your) Details

Name

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Organisation

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Best Contact Number

Email

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Relationship to organisation / initiative

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### 2. Initiative Details

Name of initiative

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Organisation (if different from nominator)

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When did this initiative start?

Has this initiative won any award(s) in the past 3 yrs?

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Yes  No

If YES, please state the name of the award and year it was received

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Name of best contact person

Contact person email

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Contact person phone number

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### **3. Initiative Description**

In 250 words or less, please provide a description of the initiative including the problem statement.

In 500 words or less, what are you most proud of about this initiative and why?

In 500 words or less, please describe what and how this initiative has improved the prevention of work-related injuries / illnesses.

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Has this initiative been evaluated for its outcomes?

Yes  No

If YES, can you please supply a copy of the evaluation or briefly list the outcomes associated with this initiative.

### 4. Other

How did you come to know about icare's icare aware award?

Please send the completed nomination form to [prevent@icare.nsw.gov.au](mailto:prevent@icare.nsw.gov.au)

One of icare's Injury Prevention and Pricing team will contact you shortly to discuss your nomination, and gather further information about the nominated initiative. We would like to thank you for investing your time to complete this nomination form.