**SUBMISSION DUE DATES**

**Submissions will be accepted from** **Monday 4th January – 5pm Friday 12th March 2021 (or midnight Saturday 13th March 2021 if sending large file transfer URL).**

* Hard Copy, USB or paper submissions are to arrive at 414 Elizabeth St, Surry Hills NSW no later than 5pm, Friday 12th March 2021 via hand-delivery, courier or mail.
* Details of electronic submissions are to be received via email by midnight Saturday 13th March 2021.
* Large file transfer program URL may include Dropbox, Google Docs, ParcelPost, SharePoint or any other internally approved large file transfer system.
* Send links (and relevant passwords) to [**HWEI@prideinhealth.com.au**](mailto:HWEI@prideinhealth.com.au) with a copy to [**dhough@acon.org.au**](mailto:dhough@acon.org.au) (file attachments will not be accepted within emails).
* Full instructions are available on the Pride in Health + Wellbeing website ([**PrideinHealth.com.au**](file:///C:\Users\WillR\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\1NQ3ILLD\prideinhealth.com.au)**/hwei**).

**Important: *File attachments within emails will not be accepted. Pride in Diversity will take no responsibility for attachments sent via email.***

**PLEASE NOTE**

* **READ EACH QUESTION AND THE EVIDENCE REQUIRED CAREFULLY.**
* **ALSO REVIEW AND UTILISE THE SUBMISSION AND EVIDENCE GUIDELINES. VISIT** [**PRIDEINHEALTH.COM.AU/HWEI**](file:///\\ACONFS1\Consulting%20&%20Training\Pride%20In%20Health%20+%20Wellbeing\+%20HWEI\HWEI%202021\PRIDEINHEALTH.COM.AU\HWEI)
* **ENSURE THAT EVERY QUESTION IS ADDRESSED AS IF FOR THE FIRST TIME – OUR MARKERS MAY NOT KNOW YOUR BUSINESS SO ANSWER WITHOUT ASSUMING ANY PRIOR KNOWLEDGE.**
* **ALL WORK IN THIS SUBMISSION RELATES TO ACTIVITY WITHIN THE 2020 CALENDAR YEAR ONLY.**
* **ANSWERS CAN BE IN DOT POINT AS LONG AS THEY ANSWER THE QUESTION AND APPROPRIATE EVIDENCE IS PROVIDED.**

**HWEI SUBMISSION NEWSLETTER**

Please ensure that you have signed up to the following newsletter – this will ensure that you receive all relevant information and updates in terms of the up and coming HWEI period. [**Click here**](http://eepurl.com/tT7vf) to sign up or go to: [**http://eepurl.com/tT7vf**](http://eepurl.com/tT7vf)

**INDIVIDUAL AWARD NOMINATIONS**

Please consider nominating your colleagues, networks, etc. for an LGBTQ Inclusion Award. Award categories can be found within the Participation Details of this Submission or on the AWEI website: [**http://www.pid-awei.com.au/submission-documents/**](http://www.pid-awei.com.au/submission-documents/)

**HWEI SURVEY PARTICIPATION**

If you are wanting to participate in our free HWEI staff or client survey in conjunction with your index submission please register your intent to get a unique URL for your organisation. Survey responses close the same time as index submissions. Register your interest [**Here**](mailto:dhough@acon.org.au;%20mailto:hwei@prideinhealth.com.au?subject=HWEI%20survey%20particpation)or at [**PrideinHealth.com.au/HWEI-Survey**](file:///\\ACONFS1\Consulting%20&%20Training\Pride%20In%20Health%20+%20Wellbeing\+%20HWEI\HWEI%202021\PrideinHealth.com.au\HWEI-Survey)

**2021 SERVICE PROVIDER DETAILS**

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| **ALL ORGANISATIONA MUST COMPLETE THIS PART OF THE SUBMISSION**  **PLEASE CHECK THAT YOU HAVE COMPLETED ALL DETAISL WITHIN EACH ROW OF THIS TABLE.** | | |
| **Name of Company/ Organisation /Service Provider:** | ***Please enter name as you would like it to appear on certificates or any awards (if applicable)*** | |
| **Sector:**  ***Please delete those not relevant*** | * ***Public/Government: Federal*** * ***Public/Government: State*** * ***Public/Government: Local*** | * ***Higher Education*** * ***Private*** * ***NFP/Charity/NGO*** |
| **Number of full-time employees (In Australia):** | **For benchmarking (this data is not published, and is confidential)** | |
| **Is your head office Regional/Rural?** | ***Yes /No*** | |
| **Contact Person for the Index:**  ***This is the person we should contact if we have any questions. Email results will also be sent to this person and participation certificates will be emailed to this person.*** | ***Please provide full contact details including postal address and postcode***  ***Name:***  ***Position Title:***  ***Postal address (including postcode):***  ***Phone number:***  ***Email:*** | |

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| **INDUSTRY BENCHMARKS** | | |
| **Benchmarking by Service sector**  Pending participation numbers, participating service providers will by default be benchmarking by:   * Sector: Public / Private / NFP * Size: (number of employees) * Status Achieved | ***Please delete those not relevant***   * ***Alcohol and Other Drugs*** * ***Mental Health*** * ***Physical Health (Sexual, Medical, Diagnostic)*** * ***Advocacy*** * ***Lived Experience & Policy Reform*** | * ***Community Health General*** * ***Wellbeing*** * ***Homelessness*** * ***Aged Care & Home Nursing*** * ***Domestic & Family Violence/Intimate Partner Violence*** * ***Disability Support*** * ***Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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| **OTHER BENCHMARKS/ACCREDITATIONS** | |
| **Have you achieved, or are you currently working towards Rainbow Tick accreditation:** | ***Please delete those not relevant***   * *No, we are not currently working towards Rainbow Tick Accreditation* * *Yes, we are currently working towards Rainbow Tick Accreditation, but not yet achieved* * *We current have Rainbow Tick accreditation* |
| **Are you also participating in the Australian Workplace Equality Index this year (or associated awards):** | ***Please delete those not relevant***   * *No, we are not participating in the Australian Workplace Equality Index (AWEI) this year* * *Yes, we are also participating in the Australian Workplace Equality Index (AWEI) this year* |

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| **DISCLOSURE AND RECOGNITION** | |
| **Please select participation identification level at which we can identify you (Name and Employer Tier only, no scores)**  ***Please delete those not relevant*** | We list service providers annually that reach each of the employer recognition tiers within the HWEI, unless you choose to be anonymous. Some service providers choose only to be identified should they reach a certain recognition tier.  **Select the recognition tier at which you would like to be publicly identified:**   * We are happy to be identified regardless of employer tier reached * Only identify us if we reach Bronze Tier or higher * Only identify us if we reach Silver Tier or higher * Only identify us if we reach Gold Tier or higher * We are participating anonymously and do not want to be identified at any level |

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| **ADDITIONAL AWARD SUBMISSIONS** | |
| **Have you considered nominating someone for an LGBTQ Inclusion Award?**  Please list any other LGBTQ Inclusion Awards that you are submitting for this year with the AWEI. This provides us with a cross-check reference to ensure that all expected submissions are received.  • Consider nominating a group or individual for their extensive work in LGBTQ inclusion within your organisation  • More than one nomination in each category may be received  • Individual Nomination submission forms can be found here:  [www.pid-awei.com.au/submission-documents/](file:///C:\Users\clairea\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\P80CST2H\www.pid-awei.com.au\submission-documents\) | **Award Nomination Categories:**   * **CEO of the Year Award:** (insert nominee name/s) * **Executive Leadership Award:** (insert nominee name/s) * **External Media Campaign Award:** (insert nominee name/s) * **OUT Role Model Award:** (insert nominee name/s) * **Network Leader of the Year Award:** (insert nominee name/s) * **Sally Webster Ally Award:** (insert nominee name/s) * **Sapphire Inspire Award for LGBTQ Women:** (insert nominee name/s) |

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| **NEGATIVE PRESS / COMPLAINTS DISCLOSURE** |
| * **We have received negative press that has impacted our reputation as an LGBTQ inclusive Service Provider** * **Formal complaints were lodged against us for LGBTQ discrimination, bullying or harassment (e.g. with the Aged Care Complaints Tribunal, Fair Work Ombudsman, Human Rights Commission, Sex Discrimination Act)** * **We understand that up to 10 points MAY be deducted from our score if we have received a significant amount of negative press regarding an anti-LGBTQ incident where our organization was responsible and insufficient action was taken to rectify this.**   In relation to the above (maintaining required confidentiality), please broadly outline your course of action or response/outcomes of any complaints lodged: |

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| **UNDERSTANDING OF EVIDENCE PROTOCOLS** |
| Evidence is required for each question. Responses should be entered within the Response row and clearly state the evidence. Rows will expand automatically to accommodate the depth of your response.  Alternatively, should you wish to include all evidence for that question within an attached document, it is necessary to:   1. Name the attached document containing the evidence for a particular question *Evidence Q# (where Q# represents the question number)* i.e. Evidence Q1 2. Indicate within the Response row that you have attached a document (state the name of the document) in response to this question   Assessors cannot take any responsibility for:   * evidence missed due to lack of document identification within the response column * evidence missed due to incorrect naming of the evidence document * evidence missed due to missing or forgotten files * evidence lost within superfluous information included or excessive irrelevant information   Please supply *only the evidence requested*, not entire policy documentation or processes unless relevant in its entirety.  *Evidence can only be used once for each question unless it is related to a policy. The relevant policy section should only be used as evidence.* |

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| **ACCURACY STATEMENT** | |
| We confirm that at the time of submission, details provided for all questions identified within the submission documents are true and accurate. We understand that should any claims be found to be false, points and rankings will be adjusted accordingly. Accuracy is usually verified by a senior leader, who may be different from the contact person listed above. | |
| **Name of person verifying accuracy:** |  |
| **Position Title:** |  |
| **Contact Email:** |  |
| **Contact Phone:** |  |

**Section 1: Strategy, Development, Service Planning & Provision**

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| **SECTION 1: STRATEGY, DEVELOPMENT, SERVICE PLANNING AND PROVISION**  **Q1: STRATEGIC COMMITMENT** | **FOUNDATION**  **MAX 8 POINTS** |
| **Does this service have access to a working group that includes individuals with LGBTQ expertise and/or LGBTQ consumer experience to assist with the planning and ongoing development of LGBTQ inclusive services?**  *For maximum point allocation, please provide all of the requested pieces of information below:*   1. *evidence of access to LGBTQ expertise (this may include but is not limited to Pride in Health + Wellbeing, Rainbow Tick contacts, LGBTQ community expertise in Health)* 2. *the number of individuals with LGBTQ consumer experience within the working group* 3. *when the working group was last consulted regarding the planning & ongoing development of services* 4. *regularity of consultation with the working group (how often on average does the working group meet throughout the year)* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 1: STRATEGY, DEVELOPMENT, SERVICE PLANNING AND PROVISION**  **Q2: LGBTQ SERVICE PLANNING** | **FOUNDATION**  **MAX 4 POINTS** |
| **Have LGBTQ health disparities and the relevance of this information to your service been investigated and incorporated within your service planning?**  *For maximum point allocation, please provide both:*   1. *evidence of findings (listing the LGBTQ health disparities relevant to your service provision)* 2. *an explanation of how this information was incorporated into your service planning and/or ongoing development of services* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 1: STRATEGY, DEVELOPMENT, SERVICE PLANNING AND PROVISION**  **Q3: LGBTQ SERVICE PLANNING** | **INTERMEDIATE**  **MAX 6 POINTS** |
| **Do you have a current strategy or continuous improvement plan in place that identifies LGBTQ inclusivity within service provision as a current area of strategic focus?**  *For maximum point allocation, please provide both:*   1. *a copy of the LGBTQ component of your current strategy or continuous improvement plan* 2. *any associated working plans, reporting accountability or scheduled working groups aligned to the plan* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Section 2: LGBTQ Cultural Safety**

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| **SECTION 2: LGBTQ CULTURAL SAFETY**  **Q4: TRACKING LGBTQ CULTURAL SAFETY** | **FOUNDATION**  **MAX 6 POINTS** |
| **Do you have processes/strategies in place to identify, track, manage/respond to risks or situations that, could or have, jeopardised the cultural safety of LGBTQ people?**  *For maximum point allocation, please provide both:*   1. *a list of any risks identified* 2. *a copy of any formally documented processes/strategies that enable you to identify, manage, respond to these risks should they occur* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 2: LGBTQ CULTURAL SAFETY**  **Q5: STAFF COMPLIANCE WITH POLICIES AND PRACTICES** | **FOUNDATION**  **MAX 4 POINTS** |
| **Do you have any systems or processes in place to monitor staff compliance with your LGBTQ inclusion policies and practice outlines for inclusive service provision?**  *For maximum point allocation, provide both:*   1. *an outline of how staff compliance with your LGBTQ inclusion policies and inclusive service provision is monitored* 2. *any evidence of this being in place* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Section 3: Visibility of LGBTQ Inclusion**

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| **SECTION 3: VISIBILITY OF LGBTQ INCLUSION**  **Q6: WEBSITE AND SERVICE BROCHURES** | **FOUNDATION**  **MAX 6 POINTS** |
| **Do your website *and* your service brochures clearly promote the LGBTQ inclusivity of your service?**  *For maximum point allocation, please provide both:*   1. *all public facing URLs where LGBTQ inclusion is clearly communicated* 2. *a copy of all service brochures where LGBTQ inclusion is clearly promoted* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 3: VISIBILITY OF LGBTQ INCLUSION**  **Q7: CUSTOMER FACING LGBTQ COLLATERAL** | **FOUNDATION**  **MAX 4 POINTS** |
| **Do you display any community posters, rainbow flags or LGBTQ collateral within your service provision areas?**  *Please provide a photograph of LGBTQ collateral displayed within service provision areas.* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Section 4: Initial Engagement & Assessment**

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| **SECTION 4: INITIAL ENGAGEMENT & ASSESSMENT**  **Q8: INTAKE FORMS** | **FOUNDATION**  **MAX 7 POINTS** |
| **Is the language used within forms/documentation that service users are required to complete, inclusive of LGBTQ people?**  *Please provide a copy of two intake forms/ documents that service users are required to complete. (Note: Less than two intake forms/documents will result in partial point allocation.)*  ***Note:*** *This can this be an online form – as long as it is at the start of their engagement*  *If you can provide more than two intake forms/documents, please add them to the ADDITIONAL WORK section at the end of this submission, in one row with the Item Name: “LGBTQ Inclusive Language.”* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 4: INITIAL ENGAGEMENT & ASSESSMENT**  **Q9: ONGOING DOCUMENTATION** | **FOUNDATION**  **MAX 5 POINTS** |
| **Are your individual care assessment, care planning and/or case management documents explicitly inclusive of LGBTQ people, their support team and families?**  *Please provide a copy of two forms/documents/conversation guides that are explicitly inclusive of LGBTQ people, their support team and their families within assessment, care or case management processes.(Note: Less than two forms/documents will result in partial point allocation.)*  ***Note:*** *this can be an online form if it is filled out once a relationship has been established and services commenced.*  *If you can provide more than two forms/documents, please add them to the ADDITIONAL WORK section at the end of this submission, in one row with the Item Name: “LGBTQ On-going Documents.”* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Section 5: LGBTQ Inclusivity & Disclosure Traning/Resources**

**PLEASE NOTE:** This section will look at:

* **General development opportunities** to increase understanding of health disparities, challenges faced by LGBTQ people, LGBTQ inclusive service provision or general awareness - provide any evidence of this within the assessed year within Question 10
* Training and/or resources on managing **LGBTQ disclosure sensitivities and privacy** – Provide evidence of this within Question 11
* Training and/or resources to specifically increase understanding of the challenges faced by **trans/gender diverse service users** (Question 12) and **intersex service users** (Question 13) and/or the “how to” of inclusive service provision for these populations (over and above any general awareness covered in Question 10.

*If one training covers several of the above areas, only address the identified areas of that training within the questions below.*

**You cannot claim points for the same training session across multiple questions. Please ensure that your evidence is placed under the most appropriate question.**

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| **SECTION 5: LGBTQ INCLUSIVITY AND DISCLOSURE TRAINING/RESOURCES**  **Q10: DEVELOPMENT OPPORTUNITIES** | **FOUNDATION**  **MAX 10 POINTS** |
| **Have you provided any development opportunities for staff over the assessed year to increase their understanding of LGBTQ people or LGBTQ inclusive service provision?**  *For maximum point allocation, please provide all of the following:*   1. *total number of development opportunities specifically covering LGBTQ populations, awareness or inclusive service provision within the assessed year* 2. *a brief outline of LGBTQ content covered (evidence required for a maximum of 2 sessions)* 3. *duration of the LGBTQ content delivery within each of the sessions identified in (b) above* 4. *approximate number of people who undertook each of the sessions identified in (b) above* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 5: LGBTQ INCLUSIVITY AND DISCLOSURE TRAINING/RESOURCES**  **Q11: STAFF GUIDELINES ABOUT DISCLOSURE** | **INTERMEDIATE**  **MAX 10 POINTS** |
| **Understanding the sensitivity around disclosure for LGBTQ people, we provide staff/clinicians/practitioners with guidelines/factsheets on the management of LGBTQ sensitive information.**  *For maximum point allocation, please provide all of the following:*   1. *your understanding of LGBTQ hesitations and sensitivities around disclosure* 2. *the importance of articulating why requested sensitive information is important to the service* 3. *knowing when to ask these questions and when it is not relevant or appropriate to ask these questions* 4. *the need to convey information in regards to data privacy i.e. how this information is shared/stored when collecting sensitive information*   *Please also provide:*   1. *details as to how this information is distributed to, or accessed by staff/clinicians/practitioners* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 5: LGBTQ INCLUSIVITY AND DISCLOSURE TRAINING/RESOURCES**  **Q12: TRANS/GENDER DIVERSE RESOURCE SERVICES** | **ADVANCED**  **MAX 4 POINTS** |
| **We provide education/resource materials and/or comprehensive training to frontline staff/clinicians/practitioners in regard to the provision of respectful and inclusive services for Trans / Gender Diverse people (beyond general awareness training covered in Q10).**  *For maximum point allocation, please provide both:*   1. *a copy of the materials used, or table of contents detailing the material covered in relation to inclusive service provision for Trans/Gender Diverse service users* 2. *Details as to how staff/clinicians/practitioners access this information or how this information is distributed (if training – how many sessions were run over the assessed year).* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 5: LGBTQ INCLUSIVITY AND DISCLOSURE TRAINING/RESOURCES**  **Q13: INTERSEX RESOURCE SERVICES** | **ADVANCED**  **MAX 4 POINTS** |
| **Do you provide education/resource materials and/or comprehensive training to frontline staff/clinicians/practitioners in regard to the provision of respectful and inclusive services for Intersex people (beyond general awareness training covered in Q10)?**  *For maximum point allocation, please provide both:*   1. *a copy of the materials used, or table of contents detailing the material covered in relation to inclusive service provision for Intersex service users* 2. *Details as how staff/clinicians/practitioners access this information or how this information is distributed (if training – how many sessions were run over the assessed year).* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Section 6: Referrals & Stakeholder Management**

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| **SECTION 6: REFERRALS & STAKEHOLDER MANAGEMENT**  **Q14: REFERRALS TO LGBTQ INCLUSIVE SERVICES** | **INTERMEDIATE**  **MAX 4 POINTS** |
| **Are you able to refer those accessing your service to other LGBTQ inclusive service providers or practitioners?**  *For maximum point allocation, please provide both:*   1. *evidence of an LGBTQ inclusive provider list or referrals* 2. *details of how you source or ascertain the LGBTQ inclusivity of referral networks* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 6: REFERRALS & STAKEHOLDER MANAGEMENT**  **Q15: REFERRALS TO LGBTQ INCLUSIVE SERVICES** | **ADVANCED**  **MAX 4 POINTS** |
| **Do you engage with other health services, wellbeing providers, professional associations or communities of practice on the topic of LGBTQ inclusive service provision?**  *Please provide evidence of engagement/participation.* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Section 7: LGBTQ Community Engagement**

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| **SECTION 7: LGBTQ COMMUNITY ENGAGEMENT**  **Q16: COMMUNICATION OF SERVICES** | **INTERMEDIATE**  **MAX 6 POINTS** |
| **Does your service promote/communicate services directly to the LGBTQ community?**  *For maximum point allocation, please provide both:*   1. *evidence of this promotion/communication* 2. *details of any promotions/communications within the assessed year* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 7: LGBTQ COMMUNITY ENGAGEMENT**  **Q17: feedback mechanism** | **INTERMEDIATE**  **MAX 6 POINTS** |
| **Do you have a feedback mechanism that LGBTQ people can utilise to comment on the LGBTQ inclusivity of your service?**  *For maximum point allocation, please provide all of the following:*   1. *how this feedback was collected* 2. *when this feedback was last collected* 3. *any actions resulting from the feedback collected* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Section 8: Additional Work**

This section allows you to describe and provide evidence for any additional work completed throughout the assessed calendar year *that*

1. *has not already been included within this year’s index submission, or*
2. *you believe is significantly over and above what the index is asking for.*

*A maximium of 8 points is avialable in this section. Please privde one lot of evidence per row and any unanswered additional work rows please leave blank.*

*Examples may include but are not limited to:*

* *Dedicated LGBTQ support and/or client care contacts*
* *Promotion of your LGBTQ inclusivity to other service providers*
* *Being involved in LGBTQ service provision industry or community groups*
* *Promoting positive LGBTQ health / service user stories in industry magazines/press/at conferences*
* *Assisting LGBTQ people in overcoming barriers in terms of being able to live their authentic selves.*
* *Any other unique LBGTQ inclsuive initiates that your organisaiton has undertaken in the assessed year.*

**IMPORTANT:** please combine all related index work into one row. For example, if you wish to claim for signficiant training, list all LGBTQ training within one row under the Item Name of “Training.” Only 1 point is available for all work pertaining to a particular topic/area – PLEASE do not split similar areas of index activity over multiple rows.

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| **SECTION 8: ADDITIONAL WORK**  **Q18: ADDITIONAL WORK** | | **ADDITIONAL**  **MAX 8 POINTS** |
| ***18A*** | *Insert evidence here or indicate the name of the attached file(s*) | |
| ***18B*** | *Insert evidence here or indicate the name of the attached file(s*) | |
| ***18C*** | *Insert evidence here or indicate the name of the attached file(s*) | |
| ***18D*** | *Insert evidence here or indicate the name of the attached file(s*) | |
| ***18E*** | *Insert evidence here or indicate the name of the attached file(s*) | |
| ***18F*** | *Insert evidence here or indicate the name of the attached file(s*) | |
| ***18G*** | *Insert evidence here or indicate the name of the attached file(s*) | |
| ***18H*** | *Insert evidence here or indicate the name of the attached file(s*) | |

***---------------END OF SUBMISSION-----------------***