**SUBMISSION DUE DATES**

**Submissions will be accepted from** **Monday 3rd January – 11:59pm Tuesday 1st February.**

* Hard Copy, USB or paper submissions are to arrive at 414 Elizabeth St, Surry Hills NSW no later than 5pm, Tuesday 1st February 2022 via hand-delivery, courier/mail.
* If sending your submission electronically, submissions are to be received via email by 11:59pm Tuesday 1st February 2022
* File attachments within emails will not be accepted. Emails for electronic submissions need to include the URL from a large file transfer system such as Dropbox, Google Docs, ParcelPost, SharePoint or any other internally approved large file transfer system.
* File Transfer links (and relevant passwords) should be sent to [**HWEI@prideinhealth.com.au**](mailto:HWEI@prideinhealth.com.au) with a copy to [**demsen-hough@acon.org.au**](mailto:demsen-hough@acon.org.au)
* Full submission instructions are available on the Pride in Health + Wellbeing website **(**[**PrideinHealth.com.au/hwei**](http://www.prideinhealth.com.au/hwei)**).**

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

**PLEASE NOTE:**

* Read each question and the evidence required carefully.
* Review and utilise the submission and evidence guidelines. Visit **[prideinhealth.com.au/hwei](http://www.PRIDEINHEALTH.COM.AU/HWEI)**
* Ensure that every question is addressed as if for the first time – our markers may not know of your work so answer without assuming any prior knowledge.
* All work in this submission relates to activity within the **2021 calendar year only**.
* Answers can be in dot point if they answer the question and appropriate evidence is provided.

**HWEI SUBMISSION NEWSLETTER**

Please ensure that you have signed up for the following newsletter – this will ensure that you receive all relevant information and updates for the upcoming 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 HWEI website: [**prideinhealth.com.au/awardnominations**](file:///C:\Users\dhough\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\TRPJJI6L\prideinhealth.com.au\awardnominations)

**HWEI SURVEY PARTICIPATION**

If you are wanting to participate in our free HWEI Staff or HWEI Client Surveys in conjunction with your index submission, please register your intent to receive a unique URL for your organisation. Survey responses close at the same time as HWEI 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**](http://www.PrideinHealth.com.au/HWEI-Survey)

**2022 SERVICE PROVIDER DETAILS**

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| **ALL ORGANISATIONS MUST COMPLETE THIS PART OF THE SUBMISSION.**  **PLEASE CHECK THAT YOU HAVE COMPLETED ALL DETAILS WITHIN EACH ROW OF THIS TABLE.** | | |
| **Name of Company/ Organisation /Service Provider:** | ***Please enter the 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 purposes only - 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, if requested, will be sent here.*** | ***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, service providers will by default be benchmarked by:   * Sector: Public / Private / NFP * Size: (number of employees) * Status Achieved | ***Please delete those not relevant***   * ***Aged Care & Home Nursing*** * ***Advocacy*** * ***Alcohol and Other Drugs*** * ***Community Health General*** * ***Disability Support*** * ***Domestic & Family Violence/Intimate Partner Violence*** | * ***Homelessness*** * ***Lived Experience & Policy Reform*** * ***Mental Health*** * ***Physical Health (Sexual, Medical, Diagnostic)*** * ***Wellbeing*** * ***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 currently 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 the awards tier at which we can publicly identify you (organisation name and award tier only will be disclosed, no scores)**  ***Please delete those not relevant*** | We list service providers annually that reach each of the service provider 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 the service provider 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** | |
| **Are you submitting any nominations for any additional Australian Pride in Health + Wellbeing Awards?**  Award information can be found here: www.prideinhealth.com.au/awards | **Award Nomination Categories:**   * **LGBTQ Ally Award** * **LGBTQ Innovation Award** * **LGBTQ Out Role Model Award** |

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| **NEGATIVE PRESS / COMPLAINTS DISCLOSURE** |
| **Please identify if any of the following occurred within the assessed year:**   * 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 should only state the evidence requested. 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 as *Evidence Q# (where Q# represents the question number)* e.g., Evidence Q1 2. Indicate within the response row that you have attached a document (state the name of the document).   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 excessive irrelevant information   **Please supply *only the evidence requested*, not entire policy documentation or processes unless relevant in its entirety.**  *Evidence cannot be used multiple times for different questions unless the question is referring to a different aspect of the evidence requested.* |

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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. Verification should be 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: Standing Submission**

**Strategy, Development, Service Planning & Provision**

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| **SECTION 1: STANDING SUBMISSION -STRATEGY, DEVELOPMENT, SERVICE PLANNING AND PROVISION**  **Q1: Strategic Commitment** | **FOUNDATION**  **2 POINTS** |
| **Does your organisation have a current strategy or continuous improvement plan in place that identifies LGBTQ inclusivity within service provision as a current area of strategic focus?**  **Note**: This does not have to be an exclusive LGBTQ specific strategy but can be part of another strategy such as your overarching organisational strategy, a diversity and inclusion strategy etc. It must specifically mention LGBTQ inclusion from a service delivery perspective. This may be a multi-year strategy.  *For maximum point allocation, please provide a copy of the LGBTQ component of your current strategy or continuous improvement plan.* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |
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| **SECTION 1: STANDING SUBMISSION -STRATEGY, DEVELOPMENT, SERVICE PLANNING AND PROVISION**  **Q2: Strategic Group** | **FOUNDATION**  **MAX 4 POINTS** |
| **Does your organisation have access to a strategic working group to assist with the strategic planning and ongoing development of LGBTQ inclusive services?**  *For maximum point allocation, please provide evidence for all the requested pieces of information below:*   1. *evidence of a strategic group that plans and prioritises LGBTQ inclusion change* 2. *evidence of access to LGBTQ expertise (this may include but is not limited to Pride in Health + Wellbeing, Rainbow Tick contacts and other LGBTQ community expertise)* 3. *the number of individuals within the working group with LGBTQ consumer experience; directly as a consumer/client/patient or as a staff member supporting LGBTQ consumers* 4. *Evidence of meeting frequency throughout the year* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |
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| **SECTION 1: STANDING SUBMISSION -STRATEGY, DEVELOPMENT, SERVICE PLANNING AND PROVISION**  **Q3: Network Group** | **FOUNDATION**  **MAX 4 POINTS** |
| **Does your service have access to an Ally, LGBTQ or Rainbow network group that assists with the promotion and communication of LGBTQ inclusion within your service(s)?**  *For maximum point allocation, please provide evidence of:*   1. *an Ally, LGBTQ or Rainbow Network within your organisation* 2. *how the network may be contacted for questions and confidential conversations*   *Please also provide the means by which the network is visible and accessible to:*   1. *staff within your service(s)* 2. *clients/service users (if the network is also client facing)* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 1: STANDING SUBMISSION -STRATEGY, DEVELOPMENT, SERVICE PLANNING AND PROVISION**  **Q4: Executive Sponsor or Champion** | **FOUNDATION**  **2 POINTS** |
| **Does your service have an executive sponsor who promotes LGBTQ inclusive service provision?**  **Note**: An executive sponsor is someone in the executive leadership team who champions LGBTQ inclusion within your organisation. They provide visibility and executive support to your organisation’s strategy and working group.  *For maximum point allocation, please provide evidence for both:*   1. *the name and position of the executive sponsor* 2. *documented expectations of the executive sponsor’s role as LGBTQ champion* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 1: STANDING SUBMISSION -STRATEGY, DEVELOPMENT, SERVICE PLANNING AND PROVISION**  **Q5: LGBTQ Staff Inclusion** | **INTERMEDIATE**  **MAX 6 POINTS** |
| **How does your organisation actively promote an LGBTQ inclusive workplace to attract and retain LGBTQ identifying staff?**  *For maximum point allocation, please provide evidence of two of the following:*   1. *workforce policies/processes that are clearly LGBTQ inclusive* 2. *LGBTQ inclusive recruitment campaigns* 3. *HR Systems or formal HR forms that are inclusive of diverse genders and sexualities* 4. *Mechanisms for staff to display their pronouns (e.g., intranet, email signatures, name badges, etc.)* 5. *Evidence of your EAP provider communicating their inclusivity of LGBTQ people* 6. *other (****Note:*** *this must be workforce focused)*   *If you can provide more than two items, please add them to the ADDITIONAL WORK section at the end of this submission, in one row with the Item Name: “LGBTQ Staff Inclusion.”* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**LGBTQ Cultural Safety**

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| **SECTION 1: STANDING SUBMISSION - LGBTQ CULTURAL SAFETY**  **Q6: Tracking LGBTQ Safety** | **ADVANCED**  **MAX 6 POINTS** |
| **Do you have processes/strategies in place to identify, track, manage and respond to risks or situations that could, or have, jeopardised the safety of LGBTQ people?**  **Note:** This refers to the mental and physical wellbeing of LGBTQ people within your organisation or of those using your service(s). It can be demonstrated through LGBTQ inclusive care, frameworks, etc. This is pre-emptive rather than reactionary. How do you assess risks and reduce or eliminate them prior to them occurring?  *For maximum point allocation, please provide evidence of both:*   1. *a listing of any LGBTQ specific risks identified their likelihood and potential impact* 2. *a copy of any formally documented processes/strategies that enable you to identify, manage, respond to these listed LGBTQ risks BEFORE they occur (such as the risk mitigation strategies you have put in place)* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Annual Submission**

**Section 2: Continuous Improvement**

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| **SECTION 2: CONTINUOUS IMPROVEMENT**  **Q7: LGBTQ Inclusion Plan** | **FOUNDATION MAX 4 POINTS** |
| **Do you have a current work plan or action plan for your LGBTQ inclusion work?**  **Note:** For maximum points, this plan will include actions, due dates, the person responsible and the current status against each action item.  *Please provide both:*   1. *a copy of the working plan* 2. *a description of how this plan aligns with or draws from the LGBTQ portion of your strategy* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 2: CONTINUOUS IMPROVEMENT**  **Q8: Staff Compliance with Policies and Practices** | **INTERMEDIATE**  **MAX 4 POINT** |
| **Do you have any systems or processes in place to communicate and monitor staff compliance with your LGBTQ inclusion policies and inclusive service provision?**  *For maximum point allocation, provide evidence of:*   1. *education or information provided to staff in terms of expected compliance with LGBTQ inclusion policies/service provision* 2. *an outline of how compliance is monitored* | |
| *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**  **Q9: Website and Service Brochures** | **FOUNDATION**  **MAX 4 POINTS** |
| **How clearly do you promote the LGBTQ inclusivity of your service?**  *For maximum point allocation, please provide evidence of both:*   1. *at least one URL where LGBTQ inclusion is clearly communicated* 2. *a copy of any 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**  **Q10: Customer Facing LGBTQ Inclusion Collateral** | **FOUNDATION**  **MAX 6 POINTS** |
| **Do your service user spaces visibly promote the inclusion of LGBTQ people?**  **E.g.,** Do you display any community posters, rainbow flags or LGBTQ collateral?  *For maximum point allocation, provide evidence of three photographic examples of promoted inclusivity within service user spaces.*  *If you can provide more than three examples, please add them to the ADDITIONAL WORK section at the end of this submission, in one row with the Item Name: “Customer Facing LGBTQ Collateral.”* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Section 4: Intake & Assessment**

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| **SECTION 4: INITIAL ENGAGEMENT & ASSESSMENT**  **Q11: Intake Forms** | **FOUNDATION**  **MAX 6 POINTS** |
| **Is the language used within forms/documentation that your service users are required to complete, inclusive of LGBTQ people?**  *Please provide a copy of one intake form/document that service users are required to complete.*  *For maximum point allocation, please provide evidence of LGBTQ inclusive options for the following areas:*   1. *Gender* 2. *Sexual orientation* 3. *Legal name/gender (e.g., Medicare details as this may be different from how the client wants to be known)* 4. *Trans experience or history* 5. *Personal Pronouns* 6. *Titles/Honorifics (e.g., Mx.) or if Titles/Honorifics are specifically not collected*   ***Note:*** *To obtain points all of these areas must be provided within the same form.* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 4: INITIAL ENGAGEMENT & ASSESSMENT**  **Q12: Ongoing Disclosure** | **INTERMEDIATE MAX 4 POINTS** |
| **How do you promote safe disclosure *after* initial intake?**  **E.g.,** Are your care assessment, care planning and/or case management documents explicitly inclusive of LGBTQ people, their support team and families?  **Note:** this can be an online form if it is filled out once a relationship has been established and services commenced.  *For maximum points, please provide two forms/documents/conversation guides that are explicitly inclusive of LGBTQ people, or that promote a safe environment for disclosure.*  *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: “Ongoing Disclosure.” If less than two forms/documents are provided, full point allocation will not be obtained.* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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

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 2: LGBTQ INCLUSIVITY AND DISCLOSURE TRAINING/RESOURCES**  **Q13: Access to Resources** | **FOUNDATION**  **MAX 4 POINTS** |
| **Do your staff have access to resources that provide staff with an understanding of the specific needs/health disparities of LGBTQ communities within your sector?**  *For maximum point allocation, please provide evidence of:*   1. *a listing of the LGBTQ specific needs/health disparities relevant to your service* 2. *an explanation of how this information is relevant and incorporated into current service provision* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 5: LGBTQ INCLUSIVITY AND DISCLOSURE TRAINING/RESOURCES**  **Q14: Staff Development Opportunities** | **FOUNDATION**  **MAX 4 POINTS** |
| **Have you provided any development opportunities for staff over the assessed year in terms of LGBTQ Awareness or LGBTQ inclusive service provision?**  **Note:** For ACON Pride Training, or Pride in Health + Wellbeing provided training, only a) and d) need to be answered.  *For maximum point allocation, please provide evidence 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 training sessions listed in part a)* 4. *the approximate number of people who undertook each of the sessions identified 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**  **Q15: Staff Guidelines re: LGBTQ Disclosure** | **ADVANCED**  **MAX 6 POINTS** |
| **Does your organisation provide staff with training/guidelines/factsheets on the management of LGBTQ sensitive information?**  **Note:** This is above and beyond your privacy policy and relevant to LGBTQ community disclosures.  *For maximum point allocation, please provide evidence of information provided to staff that covers:*   1. *hesitations and sensitivities around LGBTQ disclosure* 2. *why this sensitive information is important to the service(s)* 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 regarding data privacy to service users e.g., how this information is shared/stored when collecting sensitive information* 5. *how staff access this information about the collection of sensitive data* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 5: LGBTQ INCLUSIVITY AND DISCLOSURE TRAINING/RESOURCES**  **Q16: Trans and Gender Diverse Resource Services** | **ADVANCED**  **MAX 6 POINTS** |
| **Does your organisation provide additional education, resource materials and/or comprehensive training to frontline staff regarding the provision of respectful and inclusive services for Trans and Gender Diverse people?**  *For maximum point allocation, please provide the following evidence for TWO trans and gender diverse specific resources:*   1. *a copy of the materials used, or table of contents detailing the material related to inclusive service provision for Trans/Gender Diverse service users* 2. *details as to how staff/clinicians/practitioners access this information or information on how this information is distributed*   *If you can provide more than two resources, please add them to the ADDITIONAL WORK section at the end of this submission, in one row with the Item Name: “Trans and Gender Diverse Resource Services.” If less than two resources are provided, full point allocation will not be obtained.* | |
| *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**  **Q17: Referrals to LGBTQ Inclusive Services** | **ADVANCED**  **MAX 4 POINTS** |
| **Does your organisation refer those accessing your service(s) to other LGBTQ inclusive service providers or practitioners?**  *For maximum point allocation, please provide evidence of both:*   1. *an LGBTQ inclusive provider list for referrals that staff can utilise when needed* 2. *details of how you source or ascertain the LGBTQ inclusivity of services on this list* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 6: REFERRALS & STAKEHOLDER MANAGEMENT**  **Q18: Engagement with Other Services** | **ADVANCED**  **MAX 4 POINTS** |
| **Does your organisation engage with other health services, wellbeing providers, professional associations, or communities of practice on the topic of LGBTQ inclusive service provision?**  **Note:** These do not need to be exclusively about LGBTQ inclusive practices and can be sector or geographic groups where LGBTQ inclusion is discussed (as evidenced by minutes or agenda items).  *Please provide evidence of both:*   1. *details of the group that your organisation engages/participates within* 2. *evidence of LGBTQ related conversations covered within this group* | |
| *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**  **Q19: Communication of Services** | **INTERMEDIATE**  **MAX 4 POINTS** |
| **Does your organisation promote/communicate services directly to the LGBTQ community?**  **Note:** This is not about your services having LGBTQ representation in a mainstream promotion but having a targeted promotion to the LGBTQ community.  *Please provide evidence of this promotion/communication.* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

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| **SECTION 7: LGBTQ COMMUNITY ENGAGEMENT**  **Q20: Feedback Mechanism** | **ADVANCED**  **MAX 6 POINTS** |
| **Does your organisation have a feedback mechanism that LGBTQ people can utilise to comment on the LGBTQ inclusivity of your service?**  **Note**: This can be general feedback however this question looks at how you prompt for LGBTQ specific feedback, and what you do with that information. This can include the HWEI Client Survey (if a minimum of 10 responses are collected).  *For maximum point allocation, please provide:*   1. *how and when this feedback was collected (including the HWEI Client Survey, if applicable)* 2. *any actions resulting from the feedback collected* | |
| *Insert evidence here or indicate the name of the attached file(s*) | |

**Section 8: HWEI Survey Participation**

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| **SECTION 8: HWEI SURVEY PARTICIPATION**  **Q21: HWEI Staff Survey** | **SURVEY**  **MAX 2 POINTS** |
| * **We are participating in the HWEI Staff Survey this year**   **Note:** You must obtain a minimum of 10 responses to obtain points for this question. | |

**Section 9: Additional Work**

This section allows you to provide evidence for any additional work completed throughout the assessed calendar year that has not already been included within this year’s index submission, or that you believe is significantly over and above what the index is asking for.

*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; including LGBTQ intersectional community groups*
* *Promoting positive LGBTQ health/service user stories in industry magazines/press/at conferences*

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| *Assisting LGBTQ people in overcoming barriers in terms of being able to live their authentic selves***SECTION 9: ADDITIONAL WORK**  **Q22: Additional Work** | | **ADDITIONAL**  **MAX 8 POINTS** |
| ***22A*** | *Insert what you are claiming points for and provide evidence here or indicate the name of the attached file(s*) | |
| ***22B*** | *Insert what you are claiming points for and provide evidence here or indicate the name of the attached file(s*) | |
| ***22C*** | *Insert what you are claiming points for and provide evidence here or indicate the name of the attached file(s*) | |
| ***22D*** | *Insert what you are claiming points for and provide evidence here or indicate the name of the attached file(s*) | |
| ***22E*** | *Insert what you are claiming points for and provide evidence here or indicate the name of the attached file(s*) | |
| ***22F*** | *Insert what you are claiming points for and provide evidence here or indicate the name of the attached file(s*) | |
| ***22G*** | *Insert what you are claiming points for and provide evidence here or indicate the name of the attached file(s*) | |
| ***22H*** | *Insert what you are claiming points for and provide evidence here or indicate the name of the attached file(s*) | |

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