**SUBMISSION INSTRUCTIONS**

This submission recognises innovation in LGBTQ inclusion in the healthcare sector. This can be focused on workforce **OR** service user, patient, or client inclusive innovation work undertaken in the 2021 calendar year.

Due to the wide variety of services and organisational size, innovation is often required to ensure inclusion is appropriate to the industry, region, and client cohort as a result many service providers are innovative in their inclusion initiatives. This award will celebrate the most innovative LGBTQ inclusion initiatives from the assessed calendar year.

Please complete all areas of this submission form.

All submissions must be received by **11:59pm Tuesday 1st February 2022**.

* Soft copy files can be emailed ([*HWEI@prideinhealth.com.au*](mailto:HWEI@prideinhealth.com.au) with a copy to [*dhough@acon.org.au*](mailto:dhough@acon.org.au)), transferred by a large file transfer service (e.g. Dropbox)
* Hard copy files can be delivered to 414 Elizabeth Street Surry Hills NSW 2010

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| NOMINEE ORGANISATION DETAILS | |
| **Organisation Name:** | Click or tap here to enter text. |
| **Contact Person for nomination:** | *Name:* Click or tap here to enter text.  *Phone number:* Click or tap here to enter text.  *Email:* Click or tap here to enter text. |
| **Postal address for organisation:** |  |
| **Nomination team or project details** | ***Please provide name or details of the team or project that is being nominated.  Please enter this exactly as you would like it to appear on any certificates, awards and announcements.*** |

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| DISCLOSURE | |
| **Please verify that senior representatives within your organisation know of the nomination and are happy for you to proceed:** | Yes No |

**Key Reasons For Nomination**

If your nominee is the recipient of the award, these may be read at the Awards Event.

| **WHY YOU ARE NOMINATING THIS PIECE OF WORK FOR THE LGBTQ HEALTH INNOVATION AWARD?** |
| --- |
| Click or tap here to enter text. | |

| **HOW THIS IS INNOVATIVE AND DIFFERENT FROM OTHER LGBTQ INCLUSION WORK YOU USUALLY UNDERTAKE?** | |
| --- | --- |
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| **HOW HAS THIS IMPROVED THE HEALTH AND WELLBEING OF LGBTQ COMMUNITIES?** | |
| --- | --- |
| Please specify how this has removed barrier to accessing services or made services more culturally appropriate for LGBTQ communities. |

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| **HOW WAS THE LGBTQ COMMUNITY CONSULTED ON THE DESIGN OR DEVELOPMENT OF THIS PROJECT?** | |
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| --- | --- |
| **HOW WAS THE OVERALL EFFECTIVENESS OF THE CAMPAIGN ASSESSED/MEASURED?** | |
| Please provide a short summary of campaign effectiveness along with any data to support your response |

**Additional Work**

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| **ADDITIONAL WORK** |
| **Please identify any additional information, not covered previously that you would like to include in support of this nomination.** |

**References**

| **REFERENCES SUPPORTING NOMINATION** Written references are required.  PLEASE DO NOT PROVIDE CONTACT PHONE NUMBERS/EMAILS IF REFERENCE CONTENT HAS NOT BEEN INCLUDED. | |
| --- | --- |
| (a) | **Please provide CEO or equivalent reference in support of this nomination.** |
| (b) | **Please provide one or more references from LGBTQ employees or service users within your organisation who have benefited from this project** |