A picture containing text

Description automatically generated

NOMINATION TEMPLATE

This template is a guide only – a nomination for the Awards can only be lodged through the online portal at <https://www.act.ipaa.org.au/spiritofserviceawards>. However, preparing your nomination in this Word document format will help you obtain the required approvals from within your organisation prior to submitting your nomination.

**Please use the Nomination Guidelines to help you complete this template**

(available from <https://www.act.ipaa.org.au/spiritofserviceawards>)

**CLOSING DATE FOR NOMINATIONS**

**See https://www.act.ipaa.org.au/spiritofserviceawards**

All enquiries about the nomination process or the Awards portal should be directed to awards@act.ipaa.org.au or by calling 02 5112 1980.

<<Please delete all blue highlighted text once you have completed your nomination. Shaded boxes show text that needs to be uploaded into the Awards platform.>>

# START ENTRY TAB

## Category

<<Please select the Category for this nomination.>>

|  |
| --- |
| * Collaboration Award * Community Engagement Award * Breakthrough Award * Learning Award |

## Entry Name

<<Please following the naming convention guidelines.>>

|  |
| --- |
|  |

# NOMINATION OVERVIEW TAB

## Nomination Title

|  |
| --- |
| YOUR TEXT HERE (20-word limit) |

## Nomination Overview

|  |
| --- |
| YOUR TEXT HERE (50-word limit) |

### Lead Agency Name

|  |
| --- |
|  |

### Photograph File Names

|  |
| --- |
| Photo #1 Upload:  Photo #2 Upload:  Photo #3 Upload: |

# CONTACT OFFICERS TAB

|  |  |
| --- | --- |
| **CONTACT OFFICER 1 NAME** | YOUR TEXT HERE |
| **CONTACT OFFICER 1 EMAIL** | YOUR TEXT HERE |
| **CONTACT OFFICER 1 PHONE**  *(Please use international format for phone numbers, e.g., +61 2678 111 111 for landlines and +61 462 111 111 for mobiles)* | Landline — YOUR TEXT HERE  Mobile — YOUR TEXT HERE |

|  |  |
| --- | --- |
| **CONTACT OFFICER 2 NAME** | YOUR TEXT HERE |
| **CONTACT OFFICER 2 MAIL** | YOUR TEXT HERE |
| **CONTACT OFFICER 2 PHONE**  *(Please use international format for phone numbers, e.g., +61 2678 111 111 for landlines and +61 462 111 111 for mobiles)* | Landline — YOUR TEXT HERE  Mobile — YOUR TEXT HERE |

# AGENCY DETAILS TAB

## Lead Agency Details

|  |  |
| --- | --- |
| **AGENCY NAME** | YOUR TEXT HERE |
| **POSTAL ADDRESS** | YOUR TEXT HERE |
| **WEB SITE** | YOUR TEXT HERE |
| **MISSION/PURPOSE** | YOUR TEXT HERE |
| **AGENCY SIZE**  (Full time equivalents) | YOUR TEXT HERE |
| **AGENCY BUDGET**  **($ Million)** | YOUR TEXT HERE |
| **NUMBER OF SITES**  **1 site**  **2-5 sites**  **6-20 sites**  **>20 sites** | Please select the correct option for the agency |

## Agency 2 Details

|  |  |
| --- | --- |
| **AGENCY 2 NAME** | YOUR TEXT HERE |
| **POSTAL ADDRESS** | YOUR TEXT HERE |
| **WEB SITE** | YOUR TEXT HERE |
| **MISSION/PURPOSE** | YOUR TEXT HERE |
| **AGENCY SIZE**  (Full time equivalents) | YOUR TEXT HERE |
| **AGENCY BUDGET**  **($ Million)** | YOUR TEXT HERE |
| **NUMBER OF SITES**  **1 site**  **2-5 sites**  **6-20 sites**  **>20 sites** | Please select the correct option for the agency |

## Agency 3 Details

|  |  |
| --- | --- |
| **AGENCY 3 NAME** | YOUR TEXT HERE |
| **POSTAL ADDRESS** | YOUR TEXT HERE |
| **WEB SITE** | YOUR TEXT HERE |
| **MISSION/PURPOSE** | YOUR TEXT HERE |
| **AGENCY SIZE**  (Full time equivalents) | YOUR TEXT HERE |
| **AGENCY BUDGET**  **($ Million)** | YOUR TEXT HERE |
| **NUMBER OF SITES**  **1 site**  **2-5 sites**  **6-20 sites**  **>20 sites** | Please select the correct option for the agency |

# WHY TAB

**Why Response**—tell us about the “why” behind this initiative, as well as its broader context.

|  |
| --- |
| YOUR TEXT HERE (200-word limit) |

### References to Uploaded Evidence Documents

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

### Listed Evidence

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

# WHO (BENEFICIARIES) TAB

|  |  |
| --- | --- |
| **BENEFICIARIES** | **BENEFITS** |
| YOUR TEXT HERE | YOUR TEXT HERE (one sentence) |
| YOUR TEXT HERE | YOUR TEXT HERE (one sentence) |
| YOUR TEXT HERE | YOUR TEXT HERE (one sentence) |

<<Please add extra rows if needed.>>

**Who (Beneficiaries) Response**—tell us about how the beneficiaries were identified, how their needs and expectations were determined and how, if at all, they were involved in this initiative.

|  |
| --- |
| YOUR TEXT HERE (200-word limit) |

### References to Uploaded Evidence Documents

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

### Listed Evidence

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

# WHO (STAKEHOLDERS) TAB

|  |  |
| --- | --- |
| **STAKEHOLDERS** | **NATURE OF INVOLVEMENT** |
| YOUR TEXT HERE | YOUR TEXT HERE (one sentence) |
| YOUR TEXT HERE | YOUR TEXT HERE (one sentence) |
| YOUR TEXT HERE | YOUR TEXT HERE (one sentence) |

<<Please add extra rows if needed.>>

**Who (Stakeholders) Response**—tell us about the how the stakeholders were identified, how their roles and responsibilities were defined and the skills, knowledge and experience that they brought to the initiative.

|  |
| --- |
| YOUR TEXT HERE (200-word limit) |

### References to Uploaded Evidence Documents

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

### Listed Evidence

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

# WHAT TAB

|  |  |
| --- | --- |
| **INITIATIVE DATA** | **RESPONSE** |
| Scope of the initiative  (Large, Medium, Small) | YOUR TEXT HERE |
| Initiative Type  (Pilot project, proof-of-concept, full implementation etc.) | YOUR TEXT HERE |
| Initiative Status  (In planning, in progress, pilot complete, initiative under evaluation/review, initiative complete) | YOUR TEXT HERE |
| Planned Cost ($M) | YOUR TEXT HERE |
| Actual Cost ($M) | YOUR TEXT HERE |

**What Response**—tell us about the activities that are planned (for newer initiatives) or the activities that have been completed (for mature initiatives) and why they were chosen. This is also where you can tell us about the innovations that sit within this initiative and why they were chosen.

|  |
| --- |
| YOUR TEXT HERE (200-word limit) |

### References to Uploaded Evidence Documents

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

### Listed Evidence

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

# WHEN TAB

**When Response**—tell us about the activities that are planned (for newer initiatives) or the activities that have been completed (for mature initiatives) and why they were chosen. This is also where you can tell us about the innovations that sit within this initiative and why they were chosen.

|  |
| --- |
| YOUR TEXT HERE (200-word limit) |

|  |  |
| --- | --- |
| Commencement Status (Y/N) | YOUR TEXT HERE |
| Planned/Actual Commencement Date | YOUR TEXT HERE |
| Completion Status (Y/N) | YOUR TEXT HERE |
| Planned/Actual Completion Date | YOUR TEXT HERE |

### References to Uploaded Evidence Documents

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

### Listed Evidence

|  |
| --- |
| YOUR TEXT HERE  YOUR TEXT HERE  YOUR TEXT HERE  etc. |

# HOW TAB

**How Response**—tell us about how your initiative demonstrates the 8 (eight) Foundation Principles in action.

### 1. Provide clear direction and leadership

|  |
| --- |
| YOUR TEXT HERE (150-word limit) |

### 2. Identify stakeholder needs and expectations, and use these to define positive outcomes

|  |
| --- |
| YOUR TEXT HERE (150-word limit) |

### 3. Use breakthrough thinking to drive and implement innovation

|  |
| --- |
| YOUR TEXT HERE (150-word limit) |

### 4. Use a holistic approach to innovation and continuous improvement

|  |
| --- |
| YOUR TEXT HERE (150-word limit) |

### 5. Build, capture and share individual, team and organisational learning

|  |
| --- |
| YOUR TEXT HERE (150-word limit) |

### 6. Underpin all activities with sound planning and governance

|  |
| --- |
| YOUR TEXT HERE (150-word limit) |

### 7. Ensure that decisions are based on data, information and knowledge

|  |
| --- |
| YOUR TEXT HERE (150-word limit) |

### 8. Focus on results and outcomes that add value in a sustainable way

|  |
| --- |
| YOUR TEXT HERE (150-word limit) |

# CONTRIBUTORS TAB

| **Contributor Name** | **Contributor Agency** | **Contributor Email** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

<<Please add extra rows if needed.>>

Please add additional information about contributors that you think is relevant to this nomination.

|  |
| --- |
| YOUR TEXT HERE (100-word limit) |

# ATTACHMENTS TAB

<<Please list your uploaded evidence files.>>

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

# NOMINATED ASSESSORS TAB

|  |  |
| --- | --- |
| **ASSESSOR 1 NAME** | YOUR TEXT HERE |
| **ASSESSOR 1 EMAIL** | YOUR TEXT HERE |
| **ASSESSOR 1 PHONE**  *(Please use international format for phone numbers, e.g., +61 2678 111 111 for landlines and +61 462 111 111 for mobiles)* | Landline —  Mobile — |

|  |  |
| --- | --- |
| **ASSESSOR 2 NAME** | YOUR TEXT HERE |
| **ASSESSOR 2 MAIL** | YOUR TEXT HERE |
| **ASSESSOR 2 PHONE**  *(Please use international format for phone numbers, e.g., +61 2678 111 111 for landlines and +61 462 111 111 for mobiles)* | Landline — YOUR TEXT HERE  Mobile — YOUR TEXT HERE |

# CEO ENDORSEMENT TAB

In submitting a nomination, participating organisations agree that:

* Information and images from their nomination may be used by IPAA to promote the *IPAA ACT Spirit of Service Awards*
* If the agency wins an Award, they may be asked to work with IPAA ACT to develop case study materials that may be made available on the IPAA ACT website
* If invited to advance to Stage 2 (Pitch), they will provide the resources (personnel, time and travel/accommodation) so that members of the initiative team can receive Pitch training and can participate in the Pitch to the Judges Panel
* They will participate in an IPAA event to showcase the Award winners by delivering a presentation on their project/initiative, and
* They will contribute two (2) assessors to participate in the assessment process, and will provide them with release time to participate in assessor training, undertake assessment and participate in any other steps needed to produce a shortlist of finalists for the Judges Panel.

### Lead Agency

|  |  |
| --- | --- |
| **NAME** | YOUR TEXT HERE |
| **POSITION** | YOUR TEXT HERE |
| **SIGNATURE** |  |
| **DATE** | YOUR TEXT HERE |

### Agency 2

|  |  |
| --- | --- |
| **NAME** | YOUR TEXT HERE |
| **POSITION** | YOUR TEXT HERE |
| **SIGNATURE** |  |
| **DATE** | YOUR TEXT HERE |

### Agency 3

|  |  |
| --- | --- |
| **NAME** | YOUR TEXT HERE |
| **POSITION** | YOUR TEXT HERE |
| **SIGNATURE** |  |
| **DATE** | YOUR TEXT HERE |

<<Please print this nomination for signature by the Chief Executive Officer then scan and upload the signed file through the Awards Portal, available at https://www.act.ipaa.org.au/awards.>>

# SIGN-OFF AND DISCLAMER TAB

1. Information and images from this nomination may be used by IPAA ACT to promote the Spirit of Service Awards.
2. If the nomination wins an Award, winner(s) will work with IPAA ACT to develop case study materials.
3. I/we will participate in IPAA ACT events to showcase Award winners, as requested.
4. I/we will allow information from this nomination to be shared with academics and/or the OECD for research purposes.

<<You will be asked to agree to these conditions before you can submit your nomination. If you have any queries, please email [awards@act.ipaa.org.au](mailto:awards@act.ipaa.org.au) or phone 02 5112 1980.>>