

Award Nomination Form

Therapeutic Service Provider of the Year

Specific Award Criteria:

CMSUK are looking for an outstanding provider who works with case managers in a multidisciplinary way to assist clients to progress towards agreed goals. Individual & Company nominations are accepted

- Nominations will be accepted from CMSUK Case Manager or CMSUK Associate Member colleagues.
- Nominations must demonstrate clear evidence-based practice and supporting data of working with case managers over the last 12 months.
- Nominations should outline the evidence base of the intervention and be supported with results and outcomes of the work undertaken. This may be on a single or multiple case basis.
- Nominations should be no more than 1000 words and can take the format of a case study or narrative description.
- All nominations should be supported by testimonials which are additional to the word count.

Generic Award Criteria:

- All nominations must conform with data protection and information provided without consent from the persons involved must be recorded in a way that no injured person (client) can be identified from the information.
- All nominations must be supported by testimonials which are extra to any applicable word count. (Testimonials external to company carry more weight). Those providing testimonials are asked to provide contact details in case further information is required by the judging panel.
- Please number all the pages of your nomination document and ensure each page, including any testimonials, has the Nominee name on.
- Please submit all of the above to: info@cmsuk.org, or post to CMSUK PO Box 293, Sutton, SM1 9BH.
- Closing date for nominations is Friday 14th June 2019.
- All finalist nominees are required to attend the Celebration Lunch in person. In the event of this not being possible the finalist nominee will need to appoint a suitable proxy.

Part 1: Nominator / Nominee details

THE NOMINATOR		THE NOMINEE	
		The details of the person you are nominating	
Title:		Title:	
First Name:		First Name:	
Last Name:		Last Name:	
Job Title:		Job Title:	
Company:		Company:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	

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Part 2: 1000 words nomination

(can take the format of a case study or narrative description)

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Part 3: Testimonials

All nominations should be supported by testimonials (no more than 4) which are extra to any applicable word count above. Those supplying testimonials must include contact details in case further information is required by the judging panel. Testimonials should be clearly listed below and attached as separate documents appended to this form (in pdf format if presented electronically). **No testimonial will be considered without contact information being supplied below.**

1 st Additional Testimonial Contact Information		2 nd Additional Testimonial Contact Information	
Title:		Title:	
First Name:		First Name:	
Last Name:		Last Name:	
Job Title:		Job Title:	
Company:		Company:	
Phone:		Phone:	
Email:		Email:	
3 rd Additional Testimonial Contact Information		4 th Additional Testimonial Contact Information	
Title:		Title:	
First Name:		First Name:	
Last Name:		Last Name:	
Job Title:		Job Title:	
Company:		Company:	
Phone:		Phone:	
Email:		Email:	