

Award Nomination Form
Partnership Case of the Year

Specific Award Criteria:

This is a case that is outstanding in terms of working as a team with internal and external partners to achieve positive outcomes for all parties involved. The team may include therapy providers, the litigation and/or insurance team, equipment providers etc. This award is given to recognise overcoming the barriers to effective partnership working for the benefit of the client.

- Nominations will be accepted from anyone involved in the case including the case manager, client/family member, solicitor, insurer, employer or therapeutic service provider. Team members should also be listed and acknowledged
- All nominations must include a current CMSUK Case Manager or Associate member at the date applications are invited.
- Nominations should be supported by clear evidence of partnership and a collaborative approach which led to good outcomes for all.
- Nominations should be no more than 1200 words and should take the format of a case study.
- Testimonials from all partners concerned are expected to support this nomination and may as examples include; Employers/school, treatment providers, solicitors, insurers and case manager and 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 details (can be a Partner of the Case)		THE Nominee CMSUK Case Manager involved in the Partnership Case	
Title:		CMSUK Membership No:	
First Name:		Title:	
Last Name:		First Name:	
Job Title:		Last Name:	
Company:		Company:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	

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Part 2: Additional Partners

(Fill in as many additional 'Partner' contact boxes as is required)

Additional Partner Contact Information		Additional Partner Contact Information	
Title:		Title:	
First Name:		First Name:	
Last Name:		Last Name:	
Job Title:		Job Title:	
Company:		Company:	
Phone:		Phone:	
Email:		Email:	
Additional Partner Contact Information		Additional Partner Contact Information	
Title:		Title:	
First Name:		First Name:	
Last Name:		Last Name:	
Job Title:		Job Title:	
Company:		Company:	
Phone:		Phone:	
Email:		Email:	
Additional Partner Contact Information		Additional Partner Contact Information	
Title:		Title:	
First Name:		First Name:	
Last Name:		Last Name:	
Job Title:		Job Title:	
Company:		Company:	
Phone:		Phone:	
Email:		Email:	

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Part 3: 1200 words submission

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Part 4: Testimonials.

All nominations should be supported by testimonials (no more than 6) 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.**

1st Additional Testimonial Contact Information		2nd Additional Testimonial Contact Information	
Title:		Title:	
First Name:		First Name:	
Last Name:		Last Name:	
Job Title:		Job Title:	
Company:		Company:	
Phone:		Phone:	
Email:		Email:	
3rd Additional Testimonial Contact Information		4th Additional Testimonial Contact Information	
Title:		Title:	
First Name:		First Name:	
Last Name:		Last Name:	
Job Title:		Job Title:	
Company:		Company:	
Phone:		Phone:	
Email:		Email:	
5th Additional Testimonial Contact Information		6th Additional Testimonial Contact Information	
Title:		Title:	
First Name:		First Name:	
Last Name:		Last Name:	
Job Title:		Job Title:	
Company:		Company:	
Phone:		Phone:	
Email:		Email:	