

<p><b>Award Nomination Form</b></p> <p><b>Rehabilitation Innovation of the Year</b></p>
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**Specific Award Criteria:**

*This award is open to rehabilitation professionals as well as case managers, insurers and solicitors and aims to support and reward the novel/different approaches that may be used to achieve positive progress and outcomes for a client/clients. It should contribute to the existing models of rehabilitation or case management practice and/or challenge them. The successful nominee will be invited to present their approach/innovation at the next CMSUK annual conference.*

- Nominations will be accepted from case manager colleagues, solicitors, insurers, therapy service providers which have CMSUK Case Manager or Associate CMSUK member colleagues.
- Nominations should clearly outline what is innovative about the approach and why.
- Nominations will be reviewed for their quality of entry, demonstrating clear evidence base and clarity over decision making and direction of the approach
- Genuine business commitment to the initiative – does it go above and beyond? (e.g. staff time, financial contributions, support at an individual client level or potentially across the business as a whole
- Nominations should include clear goals set for the initiative that were met or exceeded
- Nominations should provide information regarding the potential impact of the initiative on the rehabilitation/case management community. Can this approach be generalised or repeated or is it a single client initiative?
- Demonstrable evidence of the business's ongoing commitment to the rehabilitation/case management community
- Nominations should be no more than 1200 words and supported by testimonials which are additional to the word count.

**Generic 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](mailto:info@cmsuk.org), or post to CMSUK PO Box 293, Sutton, SM1 9BH.
- Closing date for nominations is Friday 14<sup>th</sup> 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**

<b>THE NOMINATOR</b>	
Title:	
First Name:	
Last Name:	
Job Title:	
Company:	
Address:	
Phone:	
Email:	

<b>THE INNOVATION NOMINEE</b> (including details of a point of contact at Company of Innovation)	
The Innovation	
Company	
Contact Title:	
Contact First Name:	
Contact Last Name:	
Job Title:	
Address:	
Phone:	
Email:	

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**Part 2: 1200 words submission**

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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.**

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