**Specific Award Criteria:**

*CMSUK are looking for an individual who has made a real difference through supporting the case manager/s and the client/s, contributing to the overall success of a case management service during the challenges of the ever-evolving world around us.*

* Nominations will be accepted from the individual; or from case manager colleagues; or the Company where they work. The Nominee must work in a Company which has CMSUK Case Manager or Associate CMSUK member colleagues.
* Nominations should provide clear evidence of the individuals’ contribution to the case manager(s) or team with whom they have worked with in the past year.
* Nominations should include examples of improvements made to client care, cost effectiveness, specific improvements or adjustments to services and benefits to the case managers and clients they support.
* Nominations should be no more than 1000 words and can take the format of a case study or narrative description.
* All submissions 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. Testimonials must be submitted in their raw format with details of the person providing the testimonial clearly visible (on email or letter with Company details and contact number visible). If testimonials are provided by a client, they are allowed to be anonymous. However, a telephone number is required and a member of the CMSUK Awards project team will make contact with them to verify their testimonial.
* Limit of no more than two entries per category from one organisation
* 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
* Closing date for nominations is Friday 16th June 2023
* All finalist nominees are required to attend the Awards Event on Friday 15th September 2023. In the event of this not being possible the finalist nominee will need to appoint a suitable proxy.

**Part 1: Nominator / Nominee details (may be the same person)**

|  |  |  |
| --- | --- | --- |
| **THE NOMINATOR****Your details** |  | **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: |  |

**Part 2: 1000 words nomination**

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

|  |
| --- |
|  |

**Part 3: Testimonials**

All nominations should be supported by testimonials (no more than 4) which are extra to any applicable word count above.  Testimonials must be submitted in their raw format with details of the person providing the testimonial clearly visible (on email or letter with Company details and contact number visible). If testimonials are provided by a client, they are allowed to be anonymous. However, a telephone number is required and a member of the CMSUK Awards project team will make contact with them to verify their testimonial. **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: |   |