**Specific Award Criteria:**

*CMSUK are looking for an outstanding Service Provider who works with case managers in a multidisciplinary way to assist clients to progress towards agreed goals. Individual & Company nominations are accepted. The provider may be external to or internal to a Case Management Organisation, as long as the entry clearly states how they have improved outcomes for clients of case managers.*

* **Nominations will be accepted by the Service Provider themselves, or from a CMSUK Case Manager member or CMSUK Associate member**
* 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.
* The submission should show evidence of and supporting data to detail inline with CMSUK standard 4, Intervention and Evaluation.
* Nominations should be no more than 1200 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. 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 one entry for this 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**

|  |  |
| --- | --- |
| **THE NOMINATOR** | **THE NOMINEE****The details of the person/Company 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)

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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.  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: |   |