**Specific Award Criteria:**

*This is an initiative 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
* The CMSUK Case Manager involved in the partnership must be a current CMSUK Case Manager or Associate member at the date nominations are invited.
* Nominations should be supported by clear evidence of partnership and a collaborative approach which led to good outcomes for all.
* The submission should show evidence and details inline with CMSUK standard 7, Service Quality and Governance.
* 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. 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 details****(can be involved with the initiative)** | **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: |  |

***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: |  |

**Part 3: 1200 words submission**

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|  |

**Part 4:  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: |   |