

EXCELLENCE IN CARE AWARDS 2019 CARE FACILITY CATEGORIES ENTRY FORM

Please note this entry form is for the six care facility award categories. There is a separate entry form for the individual award categories on page 18.

1. CARE FACILITY AWARD CATEGORY

Please tick/cross the category in which you are entering.

Note: Only ONE category may be entered on each entry form, but you may submit more than one entry form to enter into different categories.

- INVACARE SMALL OPERATOR INDUSTRY AWARD
- BIDFOOD EXCELLENCE IN FOOD AWARD FOR CARE HOMES AND HOSPITALS
- MEDI-MAP COMMUNITY CONNECTIONS AWARD
- ARJO TRAINING AND STAFF DEVELOPMENT AWARD
- QPS BENCHMARKING INNOVATIVE DELIVERY AWARD
- JACKSON VAN INTERIORS BUILT AND GROWN ENVIRONMENT AWARD

2. NOMINATION INFORMATION

NAME OF NOMINATED CARE FACILITY OR ORGANISATION

ADDRESS OF CARE FACILITY OR ORGANISATION

BEST CONTACT PERSON AT NOMINATED CARE FACILITY OR ORGANISATION

POSITION OF CONTACT PERSON

PHONE

EMAIL

3. DETAIL OF ENTRY

TITLE

Please give your entry a title that is descriptive of the entry

SYNOPSIS OF ENTRY

Please give a brief description of the entry and outcomes. *This will be used for promotional purposes.*

Please write no more than 100 words.



YOUR ENTRY

Please provide a summary of your quality improvement(s) and innovation(s).

What was your idea/issue, and what did you do?

What outcome(s) did you aim to achieve?

Please write no more than 200 words.



YOUR TEAM

Who were the key individuals or organisation(s) involved in the development and implementation of your entry.

What role did each of them play?

Please write no more than 100 words.



YOUR OUTCOMES

Describe the outcome of your entry — how and why is what you are doing/have done making a difference to the quality of the lives of residents, their families and/or staff?

Please write no more than 300 words.

4. ADDITIONAL MATERIAL

I have included a short video (four minutes maximum) of our food service programme. *Note: only one copy of your short video is necessary. The NZACA will make sufficient copies of the video for the judges.*

We/I have enclosed additional material/information to support our entry (optional).

5. DECLARATION

NOMINATOR

I (the nominator) understand that by signing this nomination form, I am supporting the nomination of this care facility/organisation, and that I may be asked for further supporting information by the judging panel.

PRINT NAME

SIGNATURE

RELATIONSHIP TO NOMINATED
CARE FACILITY