***SISA AWARDS NOMINATION FORM***

**Award Category #3: Best Service Provider**

*Awarded to an external service provider nominated by a self insurer for the consistent delivery of outstanding quality and effectiveness in WHS or RTW-related services. (There is no limit on the type of provider that can be nominated. Examples are rehabilitation, medical, allied health, legal, claims management, WHS consultants)*

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| --- | --- | --- | --- |
| Nominee |  | | |
| Contact Name |  | Position |  |
| Email |  | Phone |  |
| Address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Nominator |  | | |
| Contact Name |  | Position |  |
| Email |  | Phone |  |

Please note that **all** criteria must be addressed. Responses need only include ‘material’ content and feel free to use additional pages as needed. Please email your nomination to [sisa@sisa.net.au](mailto:sisa@sisa.net.au) by the due date.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Response** | **Evidence\*** |
| 1. Describe the role and function of the nominee in the self insurer’s WHS and RTW management system |  |  |
| 1. How long the nominee has worked with the self insurer and the nature of the relationship (ie the method of engagement, whether a captive or independent provider or contractor, whether a sole provider or part of a panel) |  |  |
| 1. The range of services provided by the nominee to the self insurer |  |  |
| 1. Description of why the self insurer believes that the service provider’s contribution is of superior quality and effectiveness |  |  |
| 1. Results attributable to the nominee’s work such as examples of individual cases, statistics etc |  |  |
| 1. Staff endorsements of the value of the nominee’s services |  |  |
| 1. Endorsements from peers or other self insurers |  |  |

\* **Please indicate the key evidence to be made available for review by the judging panel.**