***SISA AWARDS NOMINATION FORM***

**Award Category #1: Self Insurer of the Year**

*Awarded for the best WHS, RTW AND Claims Management Systems*

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

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. Evidence of reduction in incidents |  |  |
| 1. Increase in reporting of incidents |  |  |
| 1. Increase in discussions for solutions to identified hazards/incidents |  |  |
| 1. Evidence of corrective actions to improve outcomes |  |  |
| 1. Improved return to work rates |  |  |
| 1. Reduction of early intervention participation |  |  |
| 1. Reduction of claim numbers |  |  |

|  |  |  |
| --- | --- | --- |
| 1. What improvements have been implemented, and effect from improvement |  |  |
| 1. Demonstrable improvement including measurable outcomes and improvement in performance indicators |  |  |

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