***SISA AWARDS NOMINATION FORM***

**Award Category #7: Outstanding Personal Achievement in RTW**

*Awarded for an individual’s outstanding achievement in remaining at or returning to a self insured workplace after injury or disease*

|  |  |  |  |
| --- | --- | --- | --- |
| 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 incident and the immediate steps taken |  |  |
| 1. The nominee’s own description of his/her reaction to the injury or disease |  |  |
| 1. Provide an outline of the early intervention strategies used to commence the healing and recovery process and the nominee’s participation in, and attitude to, those processes |  |  |
| 1. Describe an outline of any early return to work efforts (if appropriate in the context of the injury) |  |  |
| 1. What was the nominee’s attitude to ongoing treatment and RTW throughout the process and the role of the family, friends and workmates |  |  |
| 1. Provide information of the ultimate return to work of the employee |  |  |

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