# Residential Care Awards 2024Hall of Fame Award - Nomination Form

A person who has worked within residential care for a period of 10 years or longer and has demonstrated a true commitment and passion to their role and their work with children, young people and families.

## Nominee details

|  |  |
| --- | --- |
| Name |   |
| Position |  |
| Organisation |  |
| Address |  |
| Email |  |
| Phone Number |  |

\*Please ensure correct spelling of name as Certificates will be issued in the spelling listed above.

Is the Residential worker aware of the nomination? q Yes q No

## Nominated by

|  |  |
| --- | --- |
| Name  |   |
| Position |  |
| Organisation |  |
| Address |  |
| Email |  |
| Phone Number |  |

## Additional information that supports the application is required

## Tell us the story! Please include photos/letters/videos to enrichen your nomination.

|  |  |
| --- | --- |
| Attachment Content items | Number of pages  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please ensure that the supporting documents/files are attached when you submit the nomination.

|  |
| --- |
| Provide a description of what the nominee does in their work role - no more than 200 words |
|  |

## How long has the nominee worked in the residential care setting and in what capacity?

|  |
| --- |
| Please list the year they started working in residential care and the various roles they have performed since commencing. [Maximum 200 words] |
|  |

Award Criteria

**Please ensure each criterion is addressed.**

## Criterion 1: How does the nominee demonstrate a true commitment to the work of residential care?

|  |
| --- |
| Provide examples and evidence of how the nominee:* mentors and supports other staff,
* and shows an ability to form strong meaningful relationships with young people, and often acts an advocate for young people

 [Maximum 400 words] |
|  |

## Criterion 2: How does this applicant demonstrate a reliable and adaptable approach to a therapeutic residential care model?

|  |
| --- |
| Provide particular examples of times when the nominee has demonstrated their skills in adapting their style/approach/processes in an effort to best meet the organisations requirements and/or needs of young people and their families. [Maximum 400 words] |
|  |

## Referees

Please include the details for two referees, including one external to the organisation.

|  |  |
| --- | --- |
| Name |   |
| Position |  |
| Organisation |  |
| Address |  |
| Email |  |
| Phone Number |  |

|  |  |
| --- | --- |
| Name |   |
| Position |  |
| Organisation |  |
| Address |  |
| Email |  |
| Phone Number |  |

## CEO Authorisation

For this nomination to be accepted, it needs to be approved by the CEO of the agency employing the nominee. Does the relevant CEO know of this nomination, support it and authorise it?

q Yes, they do q No, they do not

|  |  |
| --- | --- |
| Name |   |
| Organisation |  |
| Email |  |
| Phone Number |  |
| Signature |  |
| Date |  |

**Email this form with supporting documents to** **rclds@cfecfw.asn.au****.**

**Nominations must be submitted by Friday 6th September.**