



## Health & Safety Best Practice Award Entry Form

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

NZDAA Member Number (if applicable): \_\_\_\_\_

Name of Initiative: \_\_\_\_\_

Date Implemented: \_\_\_\_\_

I confirm that any details or information provided in this awards submission are both true and accurate.

I confirm that I have checked all details such as name spellings and quantities are correct.

I confirm that I have the authority to share the information and/or project details provided in this submission on behalf of my organisation.

I understand that details relating to my submission may be shared with media for PR purposes and give permission to do so.

I understand that as a non NZDAA member I am required to pay a \$250+gst entry fee and that full payment is required by 23rd Oct in order to be eligible.

**Reference:**

Please provide the details for a client contact related to this project that we can contact as reference for your nomination.

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Company & Position: \_\_\_\_\_

Signed:

Date:

**Executive Summary (250 words max)**

**Please provide an overview of the health & safety initiative explaining what has made it so successful for your company and highlighting any innovations or new technology used to support or implement it.**

**Please summarise the processes involved and how these are managed with respect to injuries and regulatory requirements as well as any training or education provided.**

**Please give details of how this initiative helps your employees to be safe and feel safe on job sites.**

**Please explain how this initiative fits into your companies broader health & safety strategy or management system.**

**Please include any results or measurements that highlight the overall success of the initiative and how it has benefitted your organisation.**

**Please list the additional support material or information you are sending and would like considered to support this entry.**