The Minister of Defence
Award of Excellence to Industry

2017 Nomination Form

Health and Safety Citation

Handy Tips: - Press the tab or arrow keys to move to the form fields.
- Press the space bar or use the mouse to select (cross out ‘X’) the check boxes.

**Compulsory fields are indicated by an asterisk (\*), please fill in these fields.**

### 1. Nominee Contact Details:

#### Nominated company name and contact person:

\* Nominated company name:

\* Nominated company contact person(s):

#### Nominated company physical address:

\* Number and Street name:

Suburb:

\* City:

Country:

#### Postal address if different from above:

\* Number and Street name or PO Box number:

Suburb:

\* City:

#### Nominated company telephone numbers and email address:

\* Telephone number:

\* Mobile phone number:

\* Email address:

#### Nominated category:

The Awards categories provide a means of measuring like companies performance against each other.

**Health and Safety Citation**

Recognises thehealth and safety initiative of the year – awarded to the strongest overall demonstration of excellence in health and safety carried out by an organisation suppling Defence

\* Has the nominee been notified of this nomination? Yes [ ]  No [ ]

### 2. Judging Criteria:

Nominated Companies should demonstrate:

* Commitment to workplace health & safety beyond simply compliance
* Genuine engagement with staff and contractors
* Encouragement of continuous improvement in process
* Collaborative and productive workplaces

NB:There will be no finalists selected for this award just the outright winner

2.1 Nominators please provide evidence and examples for:
*Commitment to workplace health and safety beyond simply compliance*

2.2 Nominators please provide evidence and examples for:
*Genuine engagement with staff and contractors*

2.3 Nominators please provide evidence and examples for:
*Encouragement of continuous improvement in processes*

2.4 Nominators please provide evidence and examples for:
*Collaborative and productive workplaces*

**Booklets or reports supporting the nomination may also be sent with this form**

### 3. Nominator Details:

#### Nominator main contact person and company name:

\* Nominator name (main contact person(s) :

\* Nominator company name:

#### Nominator physical address:

\* Number and Street name:

Suburb:

\* City:

Country:

#### Postal address if different from above:

\* Number and Street name or P O Box number:

Suburb:

\* City:

#### Nominator company telephone numbers and email address:

\* Telephone number (**NZDF to provide external caller phone numbers**):

\* Mobile phone number:

\* Email address:

### 4. Support Staff / Personnel – People who should be interviewed:

\* Name:

\* Physical address:

\* Telephone number:

\* Email:

\* Name:

\* Physical address:

\* Telephone number:

\* Email:

\* Name:

\* Physical address:

\* Telephone number:

\* Email:

\* Have all parties affected by, or required to provide support for this nomination been advised? Yes [ ]  No [ ]

**Nominations close Friday 23rd June 2017**

**Please submit form to:** kate.lukins@defence.govt.nz