



# 2023 NT MENTAL HEALTH WEEK

## Community Awards Nomination Form

### 1. PLEASE SELECT THE REGION IN WHICH THE PERSON BEING NOMINATED IS LOCATED

- Central Australia
- Top End

### 2. HAS THE NOMINEE ACCEPTED THIS NOMINATION? YES NO

### 3. AWARD CATEGORIES & SELECTION CRITERIA - PLEASE SELECT ONE CATEGORY

#### Leadership in Lived Experience Award

Criteria - A brief summary of evidence that may include Lived Experience systems of engagement, Lived Experience framework progress, Lived Experience reference groups in place, advice from reference groups that has been implemented into the framework and/or service provision, organisational policies, advocacy work, recruitment practices, job description development, number of designated positions currently filled, peer supervision training, and collaboration with other LE leaders and organisations toward the implementation of LE frameworks across the sector. Please include details of at least one referee who can be contacted to verify the evidence presented.

#### Aboriginal Social & Emotional Wellbeing Award

Criteria - A brief summary of the program, or the role of the individual. For example, how the practice of the individual or organisation demonstrates that Aboriginal concepts of social and emotional wellbeing and healing are incorporated into practice. You may like to speak to the holistic nature of the way of working that recognises and works towards supporting Aboriginal people around connection to culture, country, spirit, family and kin, mind, emotions & body. You may like to include bullet points on how Aboriginal people are involved in the planning and implementation of the program and/or any evaluation, and formal or informal feedback. Please include details of at least one referee who can be contacted to verify the evidence presented.

#### Innovation in Practice

Criteria - A brief summary of evidence that outlines the innovation that has taken place, and the impact that this has had on service delivery and in particular on the experience of service participants. The nominee may like to include information on the inclusion of participants in the planning and implementation of the change, and any feedback that indicates the experience of participants in relation to the change in practice. The nominee may wish to nominate an organisation, a particular program, or an individual who led the change in practice.

# Nomination Form

## Integration & Collaborative Practice

Criteria - A brief summary of evidence that outlines the nature of the partnership, how each organisation contributes to the collaborative practice, how this partnership has evolved over time, the positive benefits of the practice for the organisations and for the service participants, including any feedback from participants as a result of the collaboration.

## Workforce Development & Capacity Building

Criteria - A brief summary of evidence that may include a range of activities including the following examples: organisational professional development frameworks that demonstrate strategic intent in this area, training and employment pathways, embedded student placements, dedicated funding allocation for all staff each year, learning activities required at Induction (not including Customer Record Management systems or organisational policies), compulsory training activities for staff relevant to the needs of the NT such as cultural training, and trauma-informed practice, mentorship, peer mentorship, critical reflection embedded in programs or offered to all staff on a structured basis, flexible learning options for staff to pursue professional related interests, annual staff surveys that asks questions on capacity building, evidence of the implementation of practical responses in relation to staff feedback, and any other activity the organisation wishes to include.

### 4. NOMINEE:

Nominee Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### 5. NOMINATOR:

Nominator Name \_\_\_\_\_

Nominator's Organisation \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### 6. REFEREE:

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

