**ODEN’s Disability Employment Service Award**

For *Outstanding Employment Service Professional*

**Introduction Page**

The ODEN Disability Employment Service Award Program is a series of awards to recognize and celebrate the successes of our members and employment service providers who serve the disability community and their positive impact on the sector, the disability community, the business community, and their local communities.

The application form is also available in **Microsoft Word**. For accommodation or further enquiries, please contact [info@odenetwork.com](http://info@odenetwork.com).

**Please submit the application by July 31 at 11:59 p.m. Eastern Time.**

**Section 1 Basic Information**

*Name of Employment Service Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Title of Employment Service Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name of the Employment Service Provider* ***Organization*** *where Nominee Works:\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Is this a self-nomination?* [ ]  Yes [ ]  No

*If No, Name of Applicant/Nominator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Position of Applicant/Nominator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Organization’s Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Is the nominated professional and their employer a current ODEN member and providing employment services to job seekers who have a disability?* [ ]  Yes [ ]  No Unsure [ ]

**Section 2 Application**

*Please describe the scope of your work and any relevant accomplishments and/or achievements. Consider number of job seekers supported, supports that empowered their decision-making, help them achieve their goals to obtain employment, and other accomplishments in the past or present, any positive feedback from clients, etc. (300 words max)*

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*Please describe your contribution to inclusion, diversity, equity, and accessibility around services providers to the clients, the culture of your organization, and/or the disability community at large. For example, consider if you have joined any specific committees, been involved in policy reform, and/or participated in any specific actions to make workplaces, yours and of your clients, more inclusive and accessible. (300 words max)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please describe your contribution to eliminating barriers for job seekers who have a disability by demonstrating leadership and advocating beyond your role and job scope. For example, consider if you have promoted disability inclusion beyond your role and/or volunteered at other organizations serving the disability community. (300 words max)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please describe your contribution to eliminating employment barriers for job seekers who have a disability by engaging any stakeholders, such as businesses, communities, families, school boards, and others. For example, consider if you have participated in any specific collaborations and/or partnerships that minimize the employment barriers for job seekers who have a disability. (300 words max)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Section 3** **Impact Statement**

Please provide a 500-word (maximum) impact statement stating how the nominee is the ideal recipient of the award.

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**Section 4 Letters of Support.**

Please provide two letters of support from peer or community members (e.g. partner businesses, community organizations, educators, family networks, etc.) who can comment on the contribution to the disability employment sector made by this nominated Employment Service Professional.

Please send the two letters of support to info@odenetwork.com. Use the subject line “Disability Employment Service Award for Outstanding Employment Service Professional-Letter of Support” and be sure to add in the body of the email:

1. Name of the Nominated Employment Service Professional
2. Name of the Applicant/Nominator
3. Position of the Applicant/Nominator

**Thank you for your time and effort in completing the application.**

**For more information about ODEN, please visit** [**www.odenetwork.com**](http://www.odenetwork.com)**.**