**ODEN’s Disability Employment Service Award** For *Promising Practice and Innovation in Employment Service Delivery*

**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 an alternative form or accommodation to submit your responses, or any further enquiries, please contact us via [info@odenetwork.com](http://info@odenetwork.com/).

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

**Section 1 Basic Information**

*Name of the Nominated Employment Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name of the Applicant/Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

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

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

*Employment Service Provider Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Your Relationship to Nominated Employment Service Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Is the nominated Employment Service Provider a member of ODEN in good standing?*

 [ ]  Yes [ ]  No Unsure [ ]

*Does the nominated Employment Service Provider offer employment services to jobseekers who have a disability?* [ ]  Yes [ ]  No Unsure [ ]

**Section 2 Application**

*Please describe the scope of the nominated promising practice/innovation and any relevant accomplishments and/or achievements as a result of adopting the practice/innovation. Consider any quantified outcomes such as numbers of jobseekers served or growth and development in scaling up the innovation. [Max. 300 words]*

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*Please describe the value proposition of the nominated promising practice/innovation. Specifically, describe how it benefits people who have a disability and the disability community with an emphasis on disability inclusion in the workplace. [300 words]*

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*Please describe the potential and practicality for any Employment Service Provider to implement the nominated promising practice/innovation. Specifically, describe how it benefits other employment service providers and the disability employment sector. [300 words]*

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*Please describe the sustainability and continuity of the nominated promising practice/innovation. Specifically, describe how it attracts diverse funding sources or remains self-sustainable. [300 words]*

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

Please provide a 500-word (maximum) impact statement describing the significance or impact of the nominated promising practice/innovation on the field of employment services serving job seekers who have a disability.

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**Section 4 Letters of Support.**

Please provide two letters of support from peer or community members (e.g. partner business, community organization, educators, family networks, etc.) who can comment on the contribution to the disability employment sector and the community because of the promising practice/innovation nominated in this application.

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

1. Name of the Nominated Employment Service Provider
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)**.**