**Proud to Care Awards**

**For people who are passionate about making a difference**

**We want to know about things that people working within social care have done and that have made a difference to the people they support. It may be a small moment, a slight change, a magical day or a change in procedure. All that matters, is that it has made a difference. Be proud and tell us about it.**

**The form below has been designed to help managers, colleagues, clients, relatives and others, to tell us how learning and development has helped individual employees, or teams, achieve positive outcomes for their service. We can then work together to celebrate service improvement in social care, through workforce development.**

**The categories that you can nominate someone in are:**

* **Proud to deliver excellent Person-Centred Care**
* **Proud to Care Team Award**
* **Proud to Care Recognition of Excellence Award**
* **Proud to be a Learning and Development Champion**
* **Proud to be Engaging with the Community**
* **Proud to be Delivering Innovative Care services**
* **Proud to Lead a Successful Caring Service**
* **Proud to Support the Delivery of Exceptional Care**

To apply, please either complete the form below, with as much information as possible to tell us why you think you (for self-nominations), or your nominated person or team, deserves the award; or send us the same information by video, to capture the evidence of what has been achieved. If you choose to include a video or any photographs to support your nomination you will need to complete the attached form (Appendix A). This is to confirm that you have received consent from the people involved, for their pictures to be used for this purpose, in this way.

All applications received will be reviewed by representatives of the Optimum Stakeholder Board in advance of the January Meeting, where the shortlisting will be agreed. Those shortlisted will then be contacted to organise an interview by representatives of the Board. This will enable the applicant to provide more information and demonstrate the outcomes that have been achieved.

Certificates will be presented at the Annual Conference and Proud to Care Award Ceremony on Tuesday 17th March 2020.

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| **CARE PROVIDER DETAILS** | | | | |
| **Care setting:** |  | | | |
| **Group name:**  ***(Where part of a group)*** |  | | | |
| **CONTACT DETAILS** | | | | |
| **Name of person submitting the application:** | **Name:**  **Job Role:** | | | |
| **Contact details** | **Tel:**  **Email:** | | | |
| **Type of service:**  ***(Please tick as appropriate)*** | **Older Persons Residential** | **Homecare** | **Residential with Nursing** | **Younger Adults and LD** |
| **Category of Award being applied for:** |  | | | |
| **ABOUT THE NOMINATED PERSON/TEAM** | | | | |
| **Name(s):**  ***(Include the name of the team, where appropriate)*** |  | | | |
| **WHY DO YOU BELIEVE THE NOMINATED PERSON/TEAM DESERVES THIS AWARD?** | | | | |
| **What have they done?** |  | | | |
| **What difference has this made:**  **To your clients?**   * *Were there any activity, health, care, daily living benefits?* * *What changes did you make to influence this?* * *What evidence do you have to support these outcomes?*   **To service improvement?**   * *Have you identified any improvements? What impact did these have?* * *Have you received any comments from people such as:* * *Clients and Relatives* * *Auditors and inspectors* * *Staff*   **To people that they work with either in the community or team/organisation?**   * *Did any roles change?* * *Did any practices change?* * *Where any processes and procedures introduced?* * *What has been the impact?*   **(MAX 200 words)** |  | | | |
| **WAS THIS CHANGE LINKED TO ANY LEARNING AND DEVELOPMENT INITIATIVE?** | | | | |
| **Optimum learning interventions accessed, Eg:**   * *Champions training* * *Leadership & Management* * *Coaching* * *Nurses CPD* * *Frailty modules* * *Nursing Associates*   **Other learning accessed, including recognised qualifications.** |  | | | |
| **HOW DO YOU PLAN TO SUSTAIN AND BUILD ON THIS PRACTICE?** | | | | |
| **What have you, or will you, put in place to ensure this good practice will continue?**  **(MAX 100 words)** |  | | | |
| **Submission Date:** |  | | | |
| **Would your organisation be prepared to:** | **Deliver a short presentation at the conference**  **if requested?**  **Be prepared to talk to other care providers who may**  **be interested in implementing a similar initiative?**  **Provide authorisation to Optimum to use any video**  **footage shot as part of this award application to share**  **best practice** | | | |

Return to: [istraining@nottscc.gov.uk](mailto:istraining@nottscc.gov.uk)

Before: 17:00 hrs on Wednesday 8th January 2020