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| **Instructions**1. Save this form to your computer
2. The file name should be:- firstname\_lastname\_organisation
3. Use the ‘tab’ key to move through the form, completing the sections and answering the questions as you go
4. When you are ready to send the application save the form and attach any evidence and email it to

ian.cotton@nzta.govt.nz by **5pm** **Friday 27 April 2018** |

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| **Contact Details****Your organisation** |  |  |
|       |  |  |
| **Your name and contact details** |  |  |
| Name       | Email       | Phone       |
| **Verifying person** (someone within your organisation who can verify the initiative) |
| Name       | Email       | Phone       |

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| **Please answer each of the following questions providing brief descriptions where applicable** |
| **1. Initiative**Describe your safety initiative. Note: you may also attach photos, video clips, along with any other relevant material.     When did you start work on this initiative       (month)       (year) |
| **2. Safety Need**What was the safety issue identified within your organisation?       |
| **3. Research**Tell us about the research or risk analysis that was done in developing the initiative.      |
| **4. Achievement**What has the initiative achieved for your organisation?      |
| **5. Evaluation**Tell us how you have evaluated the success of the initiative?      |
| **6. Commitment**How have you embedded the safety improvement in your organisation?      |
| **7. Replicability**How could the initiative be replicated throughout your organisation and potentially developed to meet future safety needs?      |
| **8. Sustainability**Tell us how you intend to sustain your safety initiative into the future?      |
| The information contained in this application will remain confidential to NZ Transport Agency and will be used in relation to determining the winner of the award. The NZ Transport Agency may use this information in subsequent publicity. Following completion of the award process the application and accompanying information will be managed in accordance with the Privacy Act 1993. |
| *I declare to the best of my knowledge that the information provided in this application is true and correct and I understand that if any false information or material is supplied that my application will be disqualified.**Signature of Applicant*       *Mark box in lieu of signature*[ ] *Dated:*        |