



Council name: .....

Name of initiative: .....

### Summary

Briefly describe your council's SINGLE initiative. Include its purpose and achievements. Explain why your council's initiative is an example of EXCELLENCE IN PUBLIC HEALTH. (300 words)

### A: STRATEGIC VALUE

1. What local public health priorities does the initiative address? Include supporting evidence where you can. (350 words)

2. How does the initiative support regional public health planning in your Local Government Area? (200 words)

3. Which of the State Public Health Plan priorities does the initiative address? Briefly describe how (more than one option can be selected). (100 words)

**PROMOTE** – build stronger communities and healthier environments.

**PROTECT** – against public and environmental health risks and respond to climate change.

**PREVENT** – chronic disease, communicable disease, and injury.

**PROGRESS** – strengthen the systems that support public health and wellbeing.

4. Describe the benefit/change you are trying to achieve and what success would look like, including if possible, your measures of success (community reach and engagement satisfaction, short and/or longer-term impacts). (400 words)

## **B: EXCELLENCE IN IMPLEMENTATION**

1. What did your council do? Include highlights and learnings from implementation. (500 words)

2. Who were the community and other key partners engaged in this initiative and how were they involved? (150 words)

**3. Evidence of benefit/success. Please note this section is in three parts.**

(a) What benefits did the initiative achieve for your community? (200 words)

(b) How do you know? If available, include evaluation data, and other evidence of the benefits achieved (evidence of community reach and satisfaction, project's immediate to longer-term impacts). (250 words)

(c) Describe any benefits achieved for council as a result of the initiative (increased skill-building, internal leadership awareness, partnership building). (150 words)

### Your details\*

I consent to this application and declare the information included in this form is correct.

Title ..... Surname ..... Given name .....

Position title: .....

Postal address: .....

Suburb/town ..... Postcode: .....

Business telephone: ..... Mobile telephone: .....

Email: .....

Signature†: ..... Date: .....

\* All fields (excluding mobile telephone) are mandatory.

† If submitting electronically, please insert a digital signature. Refer to instructions on page one of this form.

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