



Minister for Health and Wellbeing Excellence in Public Health Awards 2024 Metropolitan Council Application Form

Applications close at 5pm on Wednesday 2 October 2024.

Instructions

Councils can submit up to three applications. Use a separate application form for each.

Please note that the person whose contact details are provided with your council's application will be the main contact for administrative purposes.

Please type your details into this form and, once complete, press the 'email' button at the end of the form. Your form will be sent to Strategic Engagement and Policy at SA Health. Please ensure you save work as you go and print your form for your own records.

*Please note that forms are compatible with Internet Explorer but may not work in other browsers.
If using a different browser, please save the form and work from your desktop.*

Alternatively, you can print your form and send it by post to be received on or before close of business on Friday 27 September 2024 (see contact details below).

If you are using the digital signature option and have not completed an electronic signature before, please follow these steps:

1. Click on the signature field.
2. Select 'A new digital ID I want to create now'.
3. Select 'Windows Certificate Store'.
4. Complete your details only – there is no need to change the options after the 'country' field.
5. Click 'finish'.
6. Click 'sign'.
7. At this point, you will be asked to save your document. This will happen each time the form is signed.

Further enquiries (or issues with the format) and application forms can be sent to:

Strategic Engagement and Policy

Phone: 8226 7100

Email: PublicHealthAct@sa.gov.au

Post: PO Box 287 Rundle Mall Adelaide 5000 DX 243
Courier - Level 4, CitiCentre 11 Hindmarsh Square Adelaide SA 5000

Please note: it is your responsibility to refer to the eligibility and conditions of entry in the [Nomination Guide](#) prior to you completing your form.

The judging panel will assess how closely your application meets the award criteria.

You are encouraged to incorporate supporting evidence for your application, such as photographs, newsletter articles, testimonials and/or council promotions.

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 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 benefits/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.

Save form

Print form

Email form

Buttons are only compatible with Internet Explorer.
Please save the form and work from your desktop if required. You can email the form directly to PublicHealthAct@sa.gov.au