

# 2008 EOWA Business Achievement Awards Nomination Coversheet

I wish to nominate for EOWA Business Achievement Award 4

**Leading Organisation for the Advancement of Women  
(more than 500 employees)**

My organisational details are attached (page 8 of this document).

I have provided sufficient information to adequately cover all the relevant criteria and understand that assessment will be made on the information attached to this document. Please note that judging of the Business Achievement Award categories is based on the information supplied to EOWA. EOWA is not required to seek further information regarding your nomination.

Please tick this box to confirm that the CEO of this organisation has read and endorsed the contents of this Business Achievement Award Nomination and that a signed copy is held on file at the organisation.

Please email your completed application to [baanomination@eowa.gov.au](mailto:baanomination@eowa.gov.au) by 31 July 2008. Applications will only be accepted by email and in this format.

|  |                                       |                |
|--|---------------------------------------|----------------|
| <b>Organisation Name:</b>                |                                       |                |
| <b>State:</b>                            |                                       |                |
| <b>Industry Sector:</b>                  |                                       |                |
| <b>Staffing:</b>                         | Number of women:                      | Number of men: |
| <b>Management:</b>                       | Number of women:                      | Number of men: |
| <b>Maternity Leave:</b>                  | Number of weeks paid maternity leave: |                |
|  | Number of weeks paid paternity leave: |                |
| <b>This organisation is currently</b>    |                                       |                |
| Compliant with the Act                   | Yes / No#                             |                |
| OR                                       |                                       |                |
| Has a ... year waiver from reporting     | Yes / No#                             |                |
| An EOWA Employer of Choice for Women     | Yes / No#                             |                |
| # Please delete whichever does not apply |                                       |                |

## Award 4: Leading Organisation for the Advancement of Women (more than 500 employees)

Name of Nominated organisation.....

Describe how the nominated organisation demonstrates that it meets the following five criteria (please use as much space as you need)

|                        |  |
|------------------------|--|
| <b>Criterion<br/>1</b> | <b>Strategically positions EEO for Women</b> |
|------------------------|--|

|                        |   |
|------------------------|---|
| <b>Criterion<br/>2</b> | <b>Undertakes excellent analysis, including consultation with employees</b> |
|------------------------|---|

|                              |   |
|------------------------------|---|
| <b>Criterion</b><br><b>3</b> | <b>Drives an inclusive organisational culture</b> |
|------------------------------|---|

|                        |  |
|------------------------|--|
| <b>Criterion<br/>4</b> | <b>Takes action on issues relating to the seven<br/>employment matters</b> |
|------------------------|--|

|                        |  |
|------------------------|--|
| <b>Criterion<br/>5</b> | <b>Delivers improved outcomes for women and the<br/>business</b> |
|------------------------|--|

# Organisational Details Cover Sheet

**Must be completed**

(This information is confidential and will be removed from any Public Report)

| ORGANISATION DETAILS  |  |                 |  |  |           |                        |  |           |    |
|---|--|-----------------|--|--|-----------|------------------------|--|-----------|----|
| Legal name of your organisation:  |  |                 |  |  |           |                        |  |           |    |
| Previous name <i>(if changed since last Report)</i> :   |  |                 |  |  |           |                        |  |           |    |
| Name to go on certificate if successful:  |  |                 |  |  |           |                        |  |           |    |
| Total No. of employees:   |  |                 |  |  |           | ABN:                   |  |           |    |
| ANZSIC Code <u>AND</u> Industry Description<br>(refer <a href="http://www.abs.gov.au">www.abs.gov.au</a> ):           |  |                 |  |  |           |                        |  |           |    |
| ASX Codes for Organisations listed on the<br>Australian Stock Exchange:   |  |                 |  |  |           |                        |  |           |    |
| Physical address:   |  |                 |  |  |           | State:                 |  | Postcode: |    |
|   |  | Switchboard No: |  |  |           | Facsimile No:          |  |           |    |
| Postal address:   |  |                 |  |  |           | State:                 |  | Postcode: |    |
| CONFIRM YOUR ORGANISATION'S HIERARCHY DETAILS BY COMPLETING BELOW   |  |                 |  |  |           |                        |  |           |    |
| Who is the ultimate responsible Australian Parent Company for your organisation?                                      |  |                 |  |  |           |                        |  |           |    |
| What Organisations are covered by this Report <i>(include all Subsidiaries)</i> ?                                     |  |                 |  |  |           |                        |  |           |    |
| Has there been a change to any of your organisations since your last report? <i>(If yes, provide details below)</i> : |  |                 |  |  |           |                        |  | YES       | NO |
| Reason For Change   |  | Name            |  |  | New Name  |                        |  |           |    |
| a) Change of Name:  |  |                 |  |  |           |                        |  |           |    |
| b) Sold:  |  | Name            |  |  | New Owner |                        |  |           |    |
|   |  |                 |  |  |           |                        |  |           |    |
| c) Ceased Trading:  |  | Name            |  |  |           |                        |  |           |    |
|   |  |                 |  |  |           |                        |  |           |    |
| CONTACT INFORMATION   |  |                 |  |  |           |                        |  |           |    |
|   |  | CEO Details     |  |  |           | Report Contact Details |  |           |    |
| Title:  |  |                 |  |  |           |                        |  |           |    |
| First Name:   |  |                 |  |  |           |                        |  |           |    |
| Family Name:  |  |                 |  |  |           |                        |  |           |    |
| Job Title:  |  |                 |  |  |           |                        |  |           |    |
| E-mail Address (or PA for CEO):   |  |                 |  |  |           |                        |  |           |    |
| Telephone:  |  |                 |  |  |           |                        |  |           |    |
| Facsimile:  |  |                 |  |  |           |                        |  |           |    |
| Address (if different from above):  |  |                 |  |  |           |                        |  |           |    |

EOWA may send your company non-reporting related material from other organisations for the sole purpose of notifying you of relevant equal opportunity information such as lectures, events, programs or publications. If you DO NOT want EOWA to send your Report Contact or CEO this information please advise EOWA by email at [eowa@eowa.gov.au](mailto:eowa@eowa.gov.au) or by phone on (02) 9448 8500.