

If you are unable to answer any of the questions, please contact the Foundation on info@nzbef.org.nz or ring (09) 489 8791

1. Applicant Details	
Official Name	Head Office Physical Address:
Other Name	
Prior Name	
2. Highest-Ranking Official	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr	
Name	Email
Title	Postal Address
Telephone No.	
Fax No.	
3. Key Contact Person	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr	
Name	Email
Title	Physical Address (for courier deliveries):
Telephone No.	
Fax No.	Postal Address:
Mobile No.	
4. Alternate Contact Person	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Name
Email Address	Mobile No.
Telephone No.	Fax No.
5. Awards type (check one)	
Please indicate below the criteria your organisation will enter into for the 2016 Awards programme:	
<input type="checkbox"/> Business Excellence Award <input type="checkbox"/> Business Achievement Award <input type="checkbox"/> Category Award	
Category Awards: Please indicate below category or categories entered.	
1. _____ 2. _____ 3. _____	

6. Applicant Status (check one)

Has the applicant officially or legally existed for at least one year, or prior to 1 March 2016?
Yes No

7. Award Mentor (check one)

It is recommended that new applicants for the NZ Business Excellence Baldrige aligned Awards use the services of a mentor to help develop their application and assist with the preparation for site visit. Does the Applicant wish to have an award mentor assigned for advice and support during the programme?
 Yes No

8. Size and Location of Applicant

a. Total number of employees _____

b. For the preceding fiscal year, check one financial descriptor:
Sales Revenues Budget

Check amount:
0-\$1M \$1M-\$10M \$10M-\$100M \$100M-\$500M \$500M+

c. Number of sites: NZ _____ Overseas. _____

Please attach an organisation chart. Include the name of each unit/division and its head.

9. In the event the applicant receives an Award, can the applicant make available a mutually agreed sanitised version of their application to share with other Foundation members.
Yes No

10. Key Business/Organisation Factors

Briefly describe the following key organisation factors. Be as specific as possible to help us avoid real or perceived conflicts of interest when assigning Evaluators to your application. "Key" means those organisations that constitute 5 percent or greater of the applicant's competitors, customers/users, or suppliers.

a. List of key competitors

b. List of key customers/users

c. List of key suppliers/consultants

11. Sub-units

Is the applicant a business division or sub-unit of a larger, parent organisation?
 (Check one) Yes No

If "Yes", What is the name and address of the parent organisation?

Parent Organisation Name	Physical Address of Headquarters:
Name of Highest-Ranking Official	
Title	

12. National Evaluator Nomination

The success of the NZBEF Awards programme is wholly dependent upon securing a pool of people who volunteer their time in being National Evaluators.

As an Applicant organisation, you will receive the benefit of their contributions, for which they give tremendous time and energy. To ensure a sustainable pool of Evaluators, the Foundation strongly encourages your organisation to nominate people to become members of the National Panel of Evaluators.

NOTE: Applications to be a National Evaluator close 14 March 2016

Please advise your nominees to request the application form from the Foundation on info@nzbef.org.nz, complete the details and forward this to the Foundation before 14 March 2016

The following person(s) of our organisation is/are nominated to serve on the 2016 Evaluator Panel

_____	_____
Name of Nominee	Name of Nominee

Nominee's contact information

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Job Title
Work Address	Work Phone
	Work Fax
	Mobile No.
	E-mail Address

Nominee's contact information

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Job Title
Work Address	Work Phone
	Work Fax
	Mobile No.
	E-mail Address

13. Business Excellence Journey

Please answer the following questions in no more than 250 words per question.

a. Has the applicant entered any other business excellence awards programme?

Yes No

If yes, please provide details of award programme names, dates entered and application outcomes.

b. Does the applicant currently use a structured business improvement programme or methodology such as Six Sigma, Baldrige, ISO, etc., within the organisation?

Yes No

If 'yes', please provide details including which programme/methodology you use; how long the programme/methodology has been in place within the organisation; how integrated the programme/methodology is across the entire business and any specific outcomes you have achieved in the last 24 months as a result of implementing the programme/methodology.

14. Declaration Statement, Signature of the Highest-Ranking Official

I state and attest that:

- (1) I have reviewed the information provided by my organisation in this Expression of Interest.
- (2) To the best of my knowledge, no untrue statement of a material fact is contained in this Expression of Interest, and no omission of a material fact has been made in this form.
- (3) Based on the information herein and the current requirements for the New Zealand Business Excellence/Achievement Award, my organisation is eligible to apply.
- (4) I understand that at any time during the Awards process, if the information is found not to support eligibility, my organisation will no longer receive consideration for the Award and will receive only a feedback report.
- (5) If assigned a Mentor, I confirm my understanding that the Mentor is not responsible in any way for the outcome of the Awards evaluation, but rather provides only support and general guidance.

Signature of Highest-Ranking Official

Print Name

Date

*Completed EOI to be submitted to NZBEF
no later than 3pm on 22 February 2016
Email info@nzbef.org.nz*