



# Application form

Application form for an **Organisation** actively interested in supporting someone with a disability in open employment

**IASE** would like the opportunity to show case the excellent work that has been undertaken by member organisations and service personnel by highlighting the achievements and success of people with disabilities through out Ireland who are availing of the supported employment model.

## 1. APPLICANT INFORMATION

**Name of Organisation:**

**Contact Person:**

**Postal Address:**

**Email Address:**

**Telephone:**

**Mobile:**

### 1.1 DESCRIPTION OF ORGANISATION (IF APPLICABLE)

### 2. DESCRIPTION OF THE SUPPORTED EMPLOYMENT BEST PRACTICE MODEL YOU WISH TO BE CONSIDERED FOR A REGIONAL AND NATIONAL AWARD

#### **IASE**

3 Broadhaven House  
Lower Barrack Street  
Belmullet  
Co. Mayo

P +353 97 82894

E: [info@iase.ie](mailto:info@iase.ie)

3. OUTLINE HOW THE MODEL MEETS BEST PRACTICE STANDARDS?

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4. HOW DID YOU INVOLVE PEOPLE WITH DISABILITY, EMPLOYERS, NATURAL SUPPORTS IN ITS DEVELOPMENT OR IMPLEMENTATION (IF APPLICABLE)

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5. OUTLINE THE PARTNERSHIP BUILT BETWEEN YOUR ORGANISATION, OTHER LOCAL AGENCIES AND THE WIDER COMMUNITY?

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6. DESCRIBE HOW THIS MODEL OF BEST PRACTICE CAN BE DUPLICATED BY OTHER SUPPORTED EMPLOYMENT ORGANISATIONS LOCALLY, REGIONALLY, NATIONAL OR IN OTHER EUROPEAN COUNTRIES?

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7. DID THIS EXAMPLE REQUIRE ADDITIONAL FINANCIAL RESOURCES?

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8. WHAT CHALLENGES DID YOUR ORGANISATION ENCOUNTER IN THE PROCESS?

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9. DESCRIBE KEY ACHIEVEMENTS?

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10. HAVE YOU PLANNED ANY FOLLOW UP ACTIVITY?

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11. ANY OTHER ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD TO SUPPORT YOUR APPLICATION?

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Signed:

Day

Month

Year



Irish Association of Supported Employment