**A picture containing shape

Description automatically generated**

**Contest Form**

**EFP Disability Inclusion Excellence Award  
for the year 2023-2024**

|  |  |
| --- | --- |
| Company Name: |  |
| Date: |  |

Supported by





# General Information

* **Questionaire with Scoring**

|  |  |
| --- | --- |
| **Questions** | **Score** |
| 2.1. | 10 |
| 2.2. | 15 |
| 2.3. | 10 |
| 2.4. | 10 |
| 2.5. | 10 |
| 2.6. | 10 |
| 2.7. | 10 |
| 2.8. | 10 |
| 2.9. | 05 |
| 2.10 | 05 |
| 2.11 | 05 |
|  | **100** |

* **Eligibility Criteria**

Any organization public/private sector working for disability inclusion in Pakistan is eligible to participate in this award.

* **Instructions**
  + Attempt all questions and attach necessary supporting documents against each question
  + The deadline for submission is 15 January 2025
  + Share the Soft Copy of the Contest Form and Complete Supporting Documents via [WeTransfer](https://wetransfer.com/) or [Google Drive](https://drive.google.com/) to   
    Ms. Falak Khan at [pbdn@efp.org.pk](mailto:pbdn@efp.org.pk) and Ms. Rabiya Anwer at [services@efp.org.pk](mailto:services@efp.org.pk) along with the Processing Fee of Rs. 30,000.
  + All entries will be evaluated by the Committee. The committee may contact for any queries for evidence & fact-finding.
* **Recognition Criteria**

The companies will be evaluated by a team of experts. To qualify for the Excellence Award, Companies must secure a minimum 70% score.

**Award Categories**

* **Silver Award:** Companies scored between 70-80% score
* **Gold Award:** Companies scored between 80-90% score
* **Diamond Award:** Companies scored above 90% score

# Part 1 - Company Information

|  |  |
| --- | --- |
| Registered Name |  |
| Address |  |
| Name of Head of Organization |  |
| Title of Head of Organization |  |
| Address/Location |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type/Category | Multinational | Large National | Medium | Small |
| Sector/Industry |  | | | |

|  |  |
| --- | --- |
| Contact Person Name |  |
| Designation |  |
| Email |  |
| Contact Number |  |

# Part 2 - Questionnaire

|  |  |  |
| --- | --- | --- |
| 2.1. | Have you hired people with disabilities in your organization? | Yes |
| No |
| If selected ‘Yes’ to the above question then please mention how many and which roles they are in. | Category | Roles | No. of PWDs |
| 1-10 | Skilled Workers |  |
| Non-skilled Workers |  |
| < 10, please specify: | Mid-career roles |  |
| none | Senior roles |  |
| Does your organization maintain an employment quota for persons with disabilities as per policy or regulations? | Yes | If not, what proportion of your workforce comprises persons with disabilities? | |
|  | |
| No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | If Yes, then briefly describe which document / policy. e.g. HR, Safeguarding, Procurement, IT, etc. | Attach the policy, plan, and any other evidence documents |
| 2.2. | Do you have a documented plan that outlines the senior leadership's commitment to disability inclusion and creating an inclusive culture for all? | Yes |  |  |
| No |
| In progress |
| Has your company introduced innovative approaches to disability inclusion through policies, strategic initiatives, or change management? | Yes | If yes, then please provide more details and share documented evidence | |
|  | |
| No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | Provide more details and attach the necessary documents for the selected options. |
| 2.3. | Have you designed or organized any initiative to attract talented people with disabilities into your company? |  | Any internship/traineeship program for Persons with disabilities. |  |
|  | Training for staff on disability inclusion. |
|  | Asking staff to mentor people with disabilities. |
|  | Meeting with organizations of people with disabilities to ask them what to do differently when recruiting. |
|  | Making bold statements on job vacancies that people with disabilities are strongly encouraged to apply. |
|  | If others, please specify: |
|  | None |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | If Yes, then please share documented evidence, compensation structures, metrics, or data as evidence of equal access |
| 2.4. | Do your employees with disabilities receive equal pay to their non-disabled peers? | Yes |  |
| No |
| Do your employees with disabilities enjoy equal access to company benefits such as bonuses, health care, insurance, and well-being programs when compared to their non-disabled peers? | Yes |  |
| No |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | If yes, then please provide more details and share documented evidence |
| 2.5. | Does your organization promote a culture of understanding and inclusion among staff regarding disability? | Yes |  |
| No |
| What disability awareness or sensitivity training programs do you offer to your employees? | Yes |  |
| No |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | If yes, then please provide more details |
| 2.6. | Has your organization carried out an Infracture Accessibility Audit? | Yes |  |
| No |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | If yes, then please provide more details and share documented evidence |
| 2.7. | Does your organization provide reasonable accommodations to support persons with disabilities in the workplace? | Yes |  |
| No |
| Do you have procurement policies in place to maximize the accessibility and usability of goods, services, and facilities for persons with disabilities? | Yes |  |
| No |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | If yes, then please provide more details and share documented evidence |
| 2.8. | Does your company actively support, in-country, one or more Disability Employee Networks or Resource Groups? | Yes |  |
| No |
| Are you a Member of the Pakistan Business & Disability Network? | Yes |  |
| No |

|  |  |  |
| --- | --- | --- |
| 2.9. | Describe 2-3 impactful practices, policies, or initiatives your organisation has implemented during 2023-2024 to promote and foster disability inclusion in the workplace. |  |
|

|  |  |  |
| --- | --- | --- |
| 2.10. | What are your future goals or upcoming initiatives related to disability inclusion and  How do you plan to continue innovating and improving in the area of disability inclusion? |  |
|

|  |  |  |
| --- | --- | --- |
| 2.11. | In **max** **100 words** please tell us, as an organization what is your biggest achievement in the field of disability and employment that makes you a potential recipient of the award. |  |
|

***Disclaimer***

*The information contained herein is, to the best of our knowledge and belief, accurate and current. We understand that the performance appraisal is subject to the evaluation and final decision of the EFP Evaluation Committee.*

|  |  |
| --- | --- |
| **Signature** |  |
| **Name of the authorized Person** |  |
| **Designation** |  |
| **Date** |  |
| **Official Company Stamp** |  |