Healthy Workplaces Awards Registration Form

Thanks for joining the Healthy Workplaces Awards Programme. Please complete the form below to complete your registration and become a ‘Member’. Please return completed form to [healthyworkplaces@n-somerset.gov.uk](mailto:healthyworkplaces@n-somerset.gov.uk)

|  |  |
| --- | --- |
| **Item** | **Details** |
| Date of completion |  |
| Contact name |  |
| Contact role |  |
| Contact email |  |
| Organisation name |  |
| Organisation address |  |
| Website |  |
| Social media details |  |
| Number of employees |  |
| Number of workplace sites |  |
| Type of industry |  |
| Job types/roles of employees |  |
| Number and % of female employees |  |
| Number and % of male employees |  |
| Age range of employees |  |
| Specific health and wellbeing challenges in particular workforce |  |
| Current absence rate (%) |  |
| How did you hear about the Healthy Workplaces programme? |  |
| Are you happy for your logo to be added to our new Members page on our website? |  |
| Would you be happy for your case study to be added to our website? |  |