**Award Nomination Form**

Please read the **WA Disability Support Awards 2020 Nomination Guide** before completing and submitting this Nomination Form. The Guide contains everything you need to make a successful nomination, including information about the different award categories, judging criteria and conditions of entry.

Closing Date: **Tuesday 4 February 2020 (5.00pm)**

Nominations to be emailed to: [michelle.clark@nds.org.au](mailto:michelle.clark@nds.org.au)

**Award Category**

Please select the category(s) for this nomination – see Pages 6-12 of the **WA Disability Support Awards 2020 Nomination Guide** for guidance on the award categories and judging criteria for each award.

|  |  |
| --- | --- |
|  | Excellence in Home and Family Support |
|  | Excellence in Supporting Social Inclusion |
|  | Excellence in Improving Employment Opportunities |
|  | Excellence in Regional Support |
|  | Excellence in Advocacy and Rights Promotion |
|  | Excellence in Innovation |
|  | Excellence in Leadership |

**Nominees**

**Please check the spelling of all names, email addresses etc. The details you provide will be used to contact nominees or may be used on certificates and trophies.**

**Individual Nominee**

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Organisation (or Name of Employer) |  |
| Email |  |
| Phone |  |
| Postal Address |  |

**Nominee consent**

Please confirm that the Nominee has agreed to be nominated (delete as applicable):

**Yes/No**

**Team or Organisation Nominee**

|  |  |
| --- | --- |
| Team Name (if applicable) |  |

|  |  |
| --- | --- |
| Name of Team Leader |  |
| Job Title |  |
| Organisation (or Name of Employer) |  |
| Email |  |
| Phone |  |
| Postal Address |  |

**Nominee consent**

Please confirm that ALL Nominees in the Team, listed below, have agreed to be nominated (delete as applicable):

**Yes/No**

Please list all team members separately below:

|  |  |
| --- | --- |
| **Name** | **Email** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Nominators**

**All nominations must be made by, or in partnership with, a person with disability, their family or carer (Nominator A).**

|  |  |
| --- | --- |
| **Nominator A: Person with disability, their family or carer** | |
| Name |  |
| Email |  |
| Phone |  |
| **Relationship to Nominee (please delete as applicable):**  Person with disability, being supported by and / or employing the nominee  OR  Family member or carer of a person with disability | |

**Nominator A:** I confirm I have read and agree to the Terms of Conditions outlined in the WA Disability Support Awards 2020 Nomination Guide (delete as applicable):

**Yes/No**

In addition, nominations may be supported by the Nominee’s Employer (**Nominator B**).

|  |  |
| --- | --- |
| **Nominator B: Employer** | |
| Name: |  |
| Job Title: |  |
| Organisation (or Name of Employer): |  |
| Email: |  |
| Phone: |  |

**Nominator B:**  I confirm I have read and agree to the Terms of Conditions outlined in the WA Disability Support Awards 2020 Nomination Guide (delete as applicable):

**Yes/No**

**Nominator’s Statement**

All completed Nomination Forms must be accompanied by a written statement from a person with disability, their family or carer (Nominator A). Your statement should be no more than three A4 pages in length and can be provided as a separate attachment, or in the space below. NDS recommends the use of 12pt Arial font to ensure the statement is accessible.

Where the nomination is supported by an employer (Nominator B) a written testimonial from the employer may also be included as a separate attachment.

Please see Pages 6-12 of the **WA Disability Support Awards 2020 Nomination Guide** for guidance on the award categories and judging criteria for each award.

|  |
| --- |
| **Start typing here …** |

**Supporting Documents**

In addition to a written statement, the person with disability, their family or carer (Nominator A) is encouraged to provide further supporting evidence on behalf of the nominee, such as photographs, or testimonials in the form of written statements.

**Completing Your Nomination**

Please check the spelling and accuracy of all information provided in this Nomination Form, as it may be used on a certificate or trophy, as well as on the NDS website in media releases announcing finalists and recipients of the Award, and other promotional material.

By submitting a nomination, you confirm that all people in any photographs (or other supporting documentation) included in the nomination have provided consent for the images to be used for publicity and promotional purposes and / or shared with award sponsors.

If you need assistance or advice regarding this Nomination or if you would like to discuss how best to provide supporting documents, please contact Romain Pignataro on 08 9242 5544 or email [michelle.clark@nds.org.au](mailto:michelle.clark@nds.org.au). NDS is committed to ensuring Nominations are accessible to Nominators and the Judging Panel and is happy to provide support and advice wherever possible.