Fraser Coast Ability Awards Community Organisation Form Preview

Organisation Nomination Award - Community Organisation Award

† indicates a required πeid
Eligibility Criteria
For an organisation, group, club or business based on, or servicing the disability community on the Fraser Coast.
Does the Nominee meet the eligibility criteria * □ Yes □ No (Do not continue)
Nominee
Organisation Name Organisation Name
Address * Address
Address Line 1, Suburb/Town, and Postcode are required.
Phone Number
Must be an Australian phone number.
Email
Must be an email address.
Person completing or assisting with the completion of this application
Name Olimical Organisation Organisation Name
Title First Name Last Name
Position in Organisation

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Phone N	Number			
Must be a	ın Australian phone	number.		
Email				
Must be a	ın email address.			
Refere	е			
Name Title	First Name	Last Name		
Phone N	Number			
Must be a	n Australian phone	number.		
Address Address	5			
Why a	re you nomin	ating the nomi	nee	
-	-	_	of the organisations	/ group *
Criteria	A - Describe to	le acmevements	or the organisations	/ group
Word co	unt			
	etween 20 and 20	O words.		
		v the organisatio le with disability.		uted to improving the
Word co	unt: petween 20 and 20	O words.		
Criteria	C - Identify ho		n / group has positi	vely impacted on the
commu	nity *			
Word co	unt: petween 20 and 20	O words.		

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Examples or evidence

If there are any examples or evidence that you would like to share with assessors, please upload them here.

Files Attach a file:
A maximum of 3 files may be attached.

Privacy and Information Waiver

By submitting this nomination, we agree to the details provided on this form being made public and consent to information and photographs taken in connection with the selection and awards process being used for promotional purposes, including being published by the media and on websites.

Agreement

O The nominee and and person assisting with this application agree to the above statement