

Organisation Nomination Award - Education Award

* indicates a required field

Eligibility Check

For schools, registered training organisations and education providers based on the Fraser Coast that provide high quality, relevant and inclusive education for people with disability.

Does you nominee meet the above selection criteria

- ☐ Yes
☐ No (Please do not proceed)

Nominee

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 *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

Position in Organisation *

Fraser Coast Ability Awards Education Provider

Form Preview

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Referee**Name ***

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Why are you nominating the nominee**Criteria A - Describe the actions and achievements of the person / educational provider ***

Word count:

Must be between 20 and 200 words.

Criteria B - Outline how the person / agency has contributed to meeting the educational needs of people with disability *

Word count:

Must be between 20 and 200 words.

Criteria C - Identify how the person/agency has positively impacted on the community *

Fraser Coast Ability Awards Education Provider

Form Preview

Word count:

Must be between 20 and 200 words.

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 light blue rectangular box representing a file upload area.

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

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