Fraser Coast Ability Awards Hall of Fame Form Preview

Nomination - Fraser Coast Ability Awards Hall of Fame

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* indicates a required field
Eligibility Check
The nominee has to have won at least two categories in the past five years of the Ability Awards.
Does the nominee meet the eligibility check? ☐ Yes ☐ No (Do not continue)
Nominee
Nominee Group, Organisation or Individuals Name * Organisation Name
Please provide the full names of the Group, Organisation or Individual nominated for this award
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 * Organisation Organisation Name
Title First News Leat News
Title First Name Last Name

Relationship to Nominee or Organisational Position *

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Email *				
Must be a	n email address.			
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Name				
Title	First Name	Last Name		
Phone N	lumher			
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Email				
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beyond	for the comm	unity in terms of l	nisation or Individu eadership, support, (
educati	on in the disal	oility sector over r	nultiple years *	
Word co				
Must be b	etween 20 and 3!	50 words.		
Examp	les or evide	nce		
If there a	are any example	es or evidence that v	ou would like to share	with assessors nlease
	hem here.	.5 or evidence that y	od frodia like to slidle	men assessors, pieds
Files				
Attach a	file:			
A marine	um of 2 files marri	ho attached		
A MIXIMU	ım of 3 files may l	be attached.		

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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 *

 $\bigcirc\,$ The nominee and and person assisting with this application agree to the above statement