

Fraser Coast Ability Awards - Application Form

Community Changemaker

For an Individual who has make an outstanding contribution to the community through engagement, leadership and advocating for the rights and well-being of people with a disability. This individual goes above and beyond.

This can be a person with a disability, teacher, allied health professional, caregiver, coach etc.

It cannot be an organisation CEO or Director or those removed from direct care service delivery.

How Do you Wish to Lodge your nomination

- Complete the online application
- Upload a Video Application addressing selection Criteria
- In Person or via Phone - complete nominator details below and Council will be in touch

Nominator - Your Details

Applicant

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant Primary Address

Address

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

Applicant Primary Phone Number

Must be an Australian phone number.

Applicant Primary Email

Must be an email address.

Applicant Mobile Phone Number

Must be an Australian phone number.

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Form Preview

Nominee - person / organisation you are nominating

Nominee Name

Nominee Address

Address

Nominee Email

Must be an email address.

Nominee Contact Phone Number

Must be an Australian phone number.

Selection Criteria

How does this nominee clearly demonstrate significant, direct contribution to advancing the rights, wellbeing or inclusion of people with a disability

Word count:

Provide evidence of leadership, advocacy or peer support that has led to positive change

Provide evidence of ongoing commitment beyond their formal role or employment

How does this nominee demonstrate personal qualities of resilience, empathy and empowerment

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Form Preview

Referee

Referee

Individual Organisation

Organisation Name

Title First Name Last Name

Your reference must be someone who is familiar with your organisations project or if your individual achievements

Referee 1 Position

Referee 1 Primary Phone Number

Must be an Australian phone number.

Referee 1 Primary Email

Must be an email address.

Examples or Evidence

Please upload any examples or evidence that you would like to share with assessors

Files

Attach a file:

Privacy and Information Waiver

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

Agreement

By clicking this you are accepting the above statement

Upload Video

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Form Preview

Please include

- Your name and contact details
- Applicants name and contact details
- Details of a Referee
- Answer the selection criteria
 - Clearly demonstrate a new, creative or significantly different approach that benefits people with a disability
 - Evidence of meaningful involvement or consultation with people with disabilities in developing the initiative
 - measurable impact and outcomes for individuals with disabilities or the broader community
 - scalability or potential for the innovation to be adopted or adapted by others
- Show us or upload examples evidence

Video Application

Attach a file: