

| 1. Provide your contact details (person making the nomination) |
|---|
| Name: |
| Phone: Email: |
| 2. Provide details of the person you are nominating |
| Name: |
| Phone: Email: |
| 3. Nomination Category (please select a category for your nomination) |
| The Champion Award A person who has made an outstanding contribution to the community advocating for the rights and well-being of people with disability. |
| The Rising Star Award A person under 25 who makes an ongoing contribution to their school, workplace or community advocating for the rights and well-being of people with disability. |
| 4. Please describe how the nominee meets the criteria of the selected award category. |
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 * Please attach any supporting evidence if required.

Your completed form can be emailed to darwin@darwin.nt.gov.au



CITY FOR PEOPLE. CITY OF COLOUR.

Privacy Statement

Information provided in this form will be used for the assessment process and award announcements. The person nominating may be contacted to clarify any information contained within the form. City of Darwin may disclose the information provided by you to a third party in accordance with the NT Information Act or our Privacy Policy which is available on our website www.darwin.nt.gov.au