Date of Application:

Please refer to selection criteria in the Disability Access and Inclusion Awards Information Guide before completing this form.

If you need assistance with completing this form please contact:

Manda McDermott, Coordinator Community Support Services

Active Ageing & Diversity - Phone: (03) 5366 7100

Email: mmcdermott@moorabool.vic.gov.au

**Nominee Details** (Individual, Business or Community Organisation)

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Name of Business/Organisation:  |  |
| Type of Business/Organisation: (optional)  |  |
| Position Title:  |  |
| Business/Organisation Address:  |  |
| Contact number:  |  |
| Email address:  |  |

**Nominator Details** (Person who is submitting the nomination)

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Address: |  |
| Name of Business/Organisation (if applicable):  |  |
| Contact Number:  |  |
| Contact Email:  |  |

**Nomination Categories**

Please tick the appropriate award category.

|  |  |
| --- | --- |
| [ ]  | **Access**Address common access barriers experienced by people affected by physical, cognitive, intellectual, neurological, sensory or mental health disability. This may include but is not limited to: * Improving physical access to buildings or events
* Providing employment, learning or volunteering opportunities
* Developing accessible communications that meet a variety of needs
* Improving transport and/or parking
* Providing affordable services or opportunities
* Supporting carers

Please provide more information below: |
| [ ]  | **Service Delivery** Services that demonstrate best practice access and inclusion models that meet a variety of different needs and preferences. This may include existing or new services/initiatives. Please provide more information below:  |
| [ ]  | **Leadership and Innovation**Demonstrated initiative and innovation that raises awareness and influences others to value the contribution of people with disability. Please provide more information below:  |

I have confirmed with the nominee that they are willing to be nominated for a Disability Access and Inclusion Award.

[ ]  Yes [ ] No

Further information to support the nomination is attached.

[ ]  Yes [ ] No

Is there any other relevant information that you would like us to know?

I hereby declare that the information contained in this nomination regarding the nominee is to my knowledge true and accurate.

Name of Nominator Date

**SUBMITTING YOUR NOMINATION**

Allnominations must be received by **31 OCTOBER 2021**

Address all applications to:

Manda McDermott

Active Ageing and Diversity

Moorabool Shire Council

|  |  |  |
| --- | --- | --- |
|  | In Person  | Moorabool Shire Council offices: 15 Stead Street, BALLAN VIC 3342182 Hallets Way, DARLEY VIC 3340215 Main Street, BACCHUS MARSH VIC 3340 |
|  | Post  | Moorabool Shire Council PO Box 18, BALLAN VIC 3342 |
|  | Email  | mmcdermott@moorabool.vic.gov.au |

For more information contact Manda McDermott on 5366 7100.