 ****

**SHINE ON NOMINATION FORM 2022-2023**

ROTARY SOUTHERN DISTRICTS 9780, 9790, 9800, 9810 & 9820

***The ‘Shine On’ Recognition Event recognises and acknowledges***

***service to the community by people with disabilities.***

(1) This form is designed for you to fill in the details on your computer/laptop/etc.

(2) All spaces and boxes will expand to meet your needs

(3) PAPER/HARD COPIES ARE NO LONGER REQUIRED

**NOMINEE DETAILS**

Title: (Miss. Mr. Mrs. Ms. Dr.)

GIVEN NAME

SURNAME

Preferred Name

ADDRESS

Street

Suburb/town Postcode

Phone

DATE OF BIRTH / /

Gender (Mark with X) Female Male Other

**CATEGORY**: YOUTH (15-25 years) ADULT (25+)

Country of birth

Partner/carer/next of kin: Name: Relationship: Phone:

………………………………………………………………………………………………

**Nominations for the Rotary Southern Districts’ ‘Shine On’ Recognition Event must be submitted by a Rotarian and approved by his/her Rotary Club even if they were nominated by a community member or organisation.**

**NOMINATING ROTARY CLUB** DISTRICT NO:

NAME OF CONTACT PERSON:

PHONE: EMAIL:

**If the Nominee has been put forward by a person who is NOT a Rotarian, please complete this section**

**NOMINATOR’S DETAILS**

Title: (Miss. Mr. Mrs. Ms. Dr. CEO: Manager/etc)

NAME

Organisation (if applicable):

PHONE EMAIL

**GUIDELINES FOR NOMINATION**

Eligible Nominees are people who are actively involved in community service for the benefit of others and have demonstrated a significant level of achievement whilst managing a medical disorder/disability.

# Prospective Nominees may be put forward by community organizations, clubs, associations or individuals aged 21 years and over.

# The nominee **must** sign a consent form (PRINT the CONSENT FORM, then SIGN and scan and send with the other documents.

# Please include a photograph

# A photograph can be scanned and sent as an attachment OR pasted into the document.

ELIGIBILITY CRITERIA FOR A NOMINEE:

* Australian citizenship (for at least three years)
* Individuals who have a specific disability

and have consistently given dedicated service to the community

CATEGORIES:

* Young Nominees: aged 15 years to 25 years (at closing date for applications)
* Adult Nominees: aged 25 years and over

REQUIRED INFORMATION SUPPORTING A NOMINATION:

1. Consent Form signed by the Nominee or Parent/Guardian if necessary

2. Information demonstrating nominee’s personal achievements

3. Information re: leadership and/or special service to his/her community

4. References (at least two) verifying achievements

Examples of personal achievement:

* Leadership and/or mentoring of others with the disability
* Membership and/or leadership in community groups
* Service to the community and/or a history of community achievement
* Other special awards or forms of recognition

**Please Note**: - Information provided is assessed by an Expert Medical Panel; if the Nominee needs any information to be altered the Secretary must be advised by 19th January 2023.

**Any Rotary Club may nominate more than one person.**

A previous Nominee may be nominated no less than four years after initial nomination when further achievements have been demonstrated.

**The Nomination Form and ALL supporting documentation must be submitted to the Secretary by 1st January 2023 VIA EMAIL to**

**lara.barrett.secretary@gmail.com** **(M: 0416 262 615)**

Any documentation you wish to post can be sent to:

Lara Barrett

Secretary,

PO BOX 3318

Bentons Square Post Office

Dunns Rd, Mornington 3991

OTHER INFORMATION:

**For the FORMS that require signatures – Please (1) PRINT the page/s**

 **(2) SIGN where applicable**

 **(3) SCAN the page/s**

 **(4) ATTACH to the email**

**CONSENT FORM:**

I, (Insert name of Nominee)

of (Insert address of Nominee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode \_\_\_\_\_\_\_\_\_\_

give consent for the information provided for the purposes of assessment for the ‘Shine On’

Awards to be shared with the Expert Medical Panel.

**Nominee’s Signature:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:- \_\_\_\_\_\_\_\_\_\_\_\_**

**Nominator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominator’s Signature:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:-\_\_\_\_\_\_\_\_\_\_\_\_**

Contact Phone No:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please answer these two questions by writing YES or NO after the question, in the box

|  |
| --- |
| **Do you agree to your citation &/or photographs being used for publicity?**  |

|  |
| --- |
| **Will you allow your disability to be shared in the oral & written citation?**  |

**COMPLETING THE NOMINATION FORM**

Please use the template below to complete submissions in Word format

**Boxes will expand, as required.**

Tick the boxesindicated and be careful to include all the required information

Details of Nominee’s health and/or disability issues: *Type in the box, it will expand*

|  |
| --- |
|  |

Personal achievements while living with a disability: *Type in the box in 200 words or less*

|  |
| --- |
|  |

Membership of community group/s: *Type in the box* *in 30 words or less*

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| --- |
|  |

Purpose of group/s *Type in the box*

|  |
| --- |
|  |

*Activities Undertaken Type in the box*

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| --- |
|  |

Length of membership (1)

|  |
| --- |
|  |

Group’s contact person & phone number

|  |
| --- |
|  |

Length of membership (2)

|  |
| --- |
|  |

Group’s contact person & phone number

History of community involvement and achievements *Type in the box in 200 words or less*

|  |
| --- |
|  |

Other achievements and/or awards *Type in the box in 100 words or less* (box will expand)

|  |
| --- |
|  |

**CHECKLIST Mark with X**

* **The Consent Form has been signed by the Nominee/Parent/Guardian **
* **A small photo of the Nominee is included **
* **Two written References are included **
* **Contact details of Referees and other relevant persons are included **
* **A Maximum of three supporting documents are included **
* **The Nominee and Nominator have signed and dated the Nomination Form**
* **All relevant boxes have been ticked **

**………………………………………………………………………………………………**

**Privacy statement**

The Rotary International Southern Districts Shine On Recognition Committee is committed to protecting the Nominee’s privacy. Personal information is confidential and protected by the Privacy Act 1988, the Information Privacy Act 2000 (Vic) and other legislation. It can only be disclosed where Commonwealth legislation requires or where the volunteer gives permission. Reasonable steps are taken to protect personal information misuse, loss, unauthorized access, modification or disclosure.

**………………………………………………………………..**

The 2022-23 Shine On Recognition Event will be held on:

**Saturday 13th May 2023 at 1 pm**

**at the Templestowe Baptist Church Hall**

**Anderson Creek Rd,**

**Doncaster East, 3109**