NOMINATION FORM 2023-24

The 'Shine On' Recognition Event acknowledges service to the community by people who are living with disabilities.

NOMINEE DETAILS

TITLE (Miss/Mr/Mrs/Ms/Dr etc)	
GIVEN NAME:	
SURNAME:	
PREFERRED NAME:	
ADDRESS:	
DATE OF BIRTH:	
COUNTRY OF BIRTH:	
NOMINEE GENDER:	Female Male Other
NOMINEE CATEGORY:	**Young Nominees**: aged 15 years to 25 years **Adult Nominees**: aged 25 years and over

DETAILS OF PARTNER / CARER / NEXT OF KIN / REPRESENTATIVE

NAME:	
RELATIONSHIP:	
CONTACT PHONE:	

NOMINATING ROTARY CLUB

All nominations for the Rotary Districts of Victoria 'Shine On' Recognition Event must be supported by a Rotary Club including nominations from community members and organisations.

ROTARY CLUB & DISTRICT:	
NAME OF ROTARIAN:	
CONTACT PHONE:	
EMAIL:	

EXTERNAL NOMINATOR'S DETAILS

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

ORGANISATION/NAME:	
NAME OF CONTACT:	
CONTACT PHONE:	
EMAIL:	

V3

CONSENT FORM:

I,

of

give consent for the information provided to be considered by the Expert Medical Panel.

NOMINEE'S SIGNATURE:	
NOMINEE'S NAME:	
DATE:	

In the event the Nominee is not able to sign this form, their representative is to complete the following providing consent on their behalf:

REPRESENTATIVE SIGNATURE:	
NAME OF REPRESENTATIVE:	
DATE:	

Please answer these two questions by indicating YES or NO:

Do you agree to your citation and/or photographs being used for publicity?	
Will you allow your disability to be shared in the oral and written citation?	

COMPLETING THE NOMINATION FORM

Please provide details of the Nominee's health challenges and/or disability:

Please provide Nominee's personal achievements while living with a disability: *200 words or less*

Please provide the details of Community Engagement:

COMMUNITY GROUP (1):	
ACTIVITIES:	
GROUP'S CONTACT PERSON & PHONE NUMBER:	
COMMUNITY GROUP (2):	
ACTIVITIES:	
GROUP'S CONTACT PERSON & PHONE NUMBER:	

Please provide a brief history of the Nominee's community involvement and achievements:

Please provide details of other achievements and/or awards:

Please provide the details of two referees:

REFEREE NAME (1):	
CONTACT PHONE NUMBER:	
Has a written reference been provided?	
REFEREE NAME (2):	
CONTACT PHONE NUMBER:	
Has a written reference been provided?	

To complete this application, the Nominator is to complete the following:

NOMINATOR'S SIGNATURE:	
NOMINATOR'S NAME:	
DATE:	
CONTACT PHONE:	
EMAIL:	

CHECKLIST

1	The Consent Form has been signed by the Nominee or Representative	
2	A small photo of the Nominee is included with the application	
3	Two written references are included with the application	
4	The Nominator has signed and dated the Nomination Form	
5	All relevant boxes above have been ticked	

Nominations are to be submitted no later than 31st March 2024

Completed Nominations are to be sent to the Secretary – Lara Barrett:

Email: lara.barrett.secretary@gmail.com

Mobile: 0416 262 615

Postal Address:
PO Box 3318
Bentons Square Post Office
Dunns Rd,
Mornington. Vic. 3991

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 it or where the volunteer gives permission. Reasonable steps are taken to protect personal information from misuse, loss, unauthorized access, modification, or disclosure.

Rotary
Districts of Victoria