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**Nominee’s**

**NAME:**

**YOUTH** (aged 15-25) **or ADULT**

(Please circle the category)

**SHINE ON RECOGNITION 2019**

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

***The ‘Shine On’ Recognition Event recognizes and acknowledges service to***

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

**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 and include a small or passport sized photo.

**Nominations for the Rotary Southern Districts’ ‘Shine On’ Recognition Event must be submitted by a Rotarian and approved by his/her Rotary Club.**

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

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 any information needs to be changed, the Secretary must be advised by 18th January 2019.

Any Rotary Club may nominate more than one person.

Details of ‘Nominating Rotary Club’ must be completed within this form for nomination to proceed.

**The ORIGINAL and THREE COPIES of the completed Form and ALL supporting documentation must be submitted by 15th December 2018 to:**

**Lara Barrett**

**Shine On Secretary**

**P O Box 3318**

**Bentons Square Post ODunns Road**

**Mornington 3931**

**OTHER INFORMATION:**

A previous Nominee may be proposed again no less than four years after initial nomination, where further achievements have been demonstrated.

1. **Please complete the Consent and Nomination forms, using Microsoft Word format.**
2. **PRINT the completed forms, sign and tick the relevant sections**
3. **Make three copies of the completed forms (4 in all, including the original).**
4. **Staple a Consent Form to each Nomination Form.**
5. **You should end up with FOUR complete copies, all of which must be submitted together.**

**CONSENT FORM:**

I, (Insert name of Nominee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Recognition Program to be shared with the expert medical panel.

Nominee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name)

Proposer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| Do you agree to your citation and/or photographs being used for publicity? □ Yes □ No |

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| For **ENQUIRIES** please contact:Lara BarrettShine On Secretary**PH**:- 5974 3143 or 0416 262 615**E**: larabarrett@secretary.netFacebook: <https://www.facebook.com/shineonsd/> |

**COMPLETING THE NOMINATION FORM**

Important Notes:

* Please complete this Nomination Form by filling it in using Microsoft Word. This ensures all information is legible and minimises any mistakes being made.
* Boxes will expand, as required.
* Please tick relevant boxeswhere required
* Please ensure all information marked with \* is completed.

**CATEGORY\*:** □Youth Nominee *(15-25 years)*

 □Adult Nominee *(25 years and over)*

**NOMINEE’S PERSONAL DETAILS**

NAME

Title\*: □Mr □Mrs □Miss □Ms □Dr

Surname\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

Street\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb/town\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\*: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\*: \_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender\*: □Male □Female

Town or country of birth\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner/Carer/Next of Kin: Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSER DETAILS**

NAME

Title\*: □Mr □Mrs □Miss □Ms □Dr

Surname\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

Street\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb/town\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\*: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**NOMINATING ROTARY CLUB**

Club Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Contact Person\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Nominee’s health and/or disability**

(*Type in the box* *in 30 words or less*)

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**Personal Achievements while living with a Disability**

*(Type in the box in 200 words or less)*

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**Membership of Community Group/s**

*(Type in the box in 30 words or less)*

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| --- |
| 1.2.3. |

Purpose of Group/s (*Type in the box*)

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| --- |
| 1. 2. 3.  |

Activities Undertaken (Type in the box)

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| --- |
| 1. 2. 3.  |

Length of Membership:

|  |
| --- |
| 1. 2. 3.  |

Group Contact Person and Phone\*:

|  |
| --- |
| 1. 2. 3.  |

**History of Community Involvement and Achievements**

*(Type in the box in 200 words or less)*

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**Other Achievements and/or Awards**

*(Type in the box in 100 words or less)*

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**NOMINATION CHECKLIST**

**Tick Completed**

* The Consent Form, signed by the Nominee, is attached
* A small photo of the Nominee is included
* Two written References are attached
* Contact details of Referees and other relevant persons are included
* A Maximum of three supporting documents are attached
* The Nominee and Proposer have signed and dated the Nomination Form
* All relevant boxes have been ticked
* All paperwork is presented in A4 plastic sleeves
* **FOUR** COPIES of ALL documentation has been submitted (the **original** and **three copies**).

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| **NOMINATIONS MUST BE POSTED by no later than *15th Dec 2018* to:****Lara Barrett****Shine On Secretary****PO Box 3318****Bentons Square Post Office****Dunns Road,****Mornington 3931** |

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| **Privacy statement**The Rotary International Southern Districts Shine On Recognition Committee is committed to protecting the privacy of all Nominees. Personal information is confidential and protected by the Privacy Act 1988, the Information Privacy Act 2000 (Vic), and other relevant legislation. Information can only be disclosed where Commonwealth legislation requires or where the nominee has give permission. Reasonable steps are taken to protect personal information from misuse, loss, unauthorized access, modification, and disclosure. |