

**THE 2017 BIENNIAL BRENDA GABE LEADERSHIP AWARD**

**NOMINATION FORM**

**Please indicate whether you’re nominating an individual or group:**

Individual

Group

**Name of nominated individual or group:**

**Nominator’s (Your) Details:**

Surname: First Name:

Address:

Suburb: Postcode:

Home Phone: Business Phone:

Mobile Phone:

Email:

Relationship to Nominee:

**Nominee’s Details:**

1. **Individual**

Surname: First Name:

Address:

Suburb: Postcode:

Home Phone: Business Phone:

Mobile Phone:

Email:

**Or**

1. **Group**

Name of group:

Group representative -

Surname: First Name:

Address:

Suburb: Postcode:

Home Phone: Business Phone:

Mobile Phone:

Email:

**Documentation**

Please read the ‘Nomination Requirements’ before proceeding with your nomination.

In no more than 1,000 words, please provide a summary of why this woman or group is being nominated for the Biennial Brenda Gabe Leadership Award. (Tip – please speak with your nominee first.)

For publicity and research purposes, please consult with your nominee to provide a 50 word (maximum) summary of achievements. This may be used on a PowerPoint slide at WDV’s AGM.

Is there any additional documentation to support this nomination? Newspaper articles, photographs, etc. Please attach documentation. For website materials, please provide the relevant link, or appropriate download.

No

Yes

**Declaration**

I have read and understood the Nomination Requirements of the Biennial Brenda Gabe Leadership Awards

I am willing for my name to be mentioned as the nominator for this nominee

Name:

Signature:

Date:

**Referee’s Details (two people who support the nomination):**

Please note: A letter of support from each referee must be attached.

**Referee 1**

Surname: First Name:

Address:

Suburb: Postcode:

Home Phone: Business Phone:

Mobile Phone:

Email:

Relationship to Nominee:

**Referee 2**

Surname: First Name:

Address:

Suburb: Postcode:

Home Phone: Business Phone:

Mobile Phone:

Email:

Relationship to Nominee:

**Sending your nomination**

Please forward this completed form, along with any supporting documentation to Bridget Jolley at Women with Disabilities Victoria:

By Post:

Bridget Jolley

Women with Disabilities Victoria

GPO Box 1160

Melbourne, Vic, 3001

By Email:

[Bridget.Jolley@wdv.org.au](mailto:Bridget.Jolley@wdv.org.au)