## 2023 Brenda Gabe Leadership Award

Graphic image of a dark-skinned woman standing. She has a prosthetic right leg.

## Nomination Form

Please read the **‘Nomination Guidelines’** before completing this form.

If this form is not accessible, please contact Elysia Johnston on (03) 9286 7814 or [bgla@wdv.org.au](mailto:bgla@wdv.org.au) to discuss how you would like to submit your nomination and any other queries you have.

If you are nominating someone else, please speak to them first to make sure they are happy to be nominated.

### 1.1 Your details (the “Nominator”):

|  |  |
| --- | --- |
| Information required | Your response |
| Preferred pronoun: |  |
| First name:\* |  |
| Family name: |  |
| Postal address: |  |
| Suburb: |  |
| State: |  |
| Postcode: |  |
| Best contact number: |  |
| Email:\* |  |
| Relationship to Nominee: \* |  |

### 1.2 Who are you nominating for the Award? (the “Nominee”)

### Nominee details – Individual:

(if nominating yourself, please write “as above” in the Self-Nomination box)

|  |  |
| --- | --- |
| Information required | Your response |
| Self-Nomination: |  |
| Preferred pronoun: |  |
| First name:\* |  |
| Family name: |  |
| Postal address: |  |
| Suburb: |  |
| State: |  |
| Postcode: |  |
| Best contact number: |  |
| Email:\* |  |
| Relationship to Nominee:\* |  |

### Nominee details – Group:

|  |  |
| --- | --- |
| Information required | Your response |
| Name of Group:\* |  |
| Group Representative: |  |
| Preferred pronoun: |  |
| First name: |  |
| Family name: |  |
| Postal address: |  |
| Suburb: |  |
| State: |  |
| Postcode: |  |
| Best contact number: |  |
| Email:\* |  |

### 2. Nomination Summary

Please provide a 50-word (maximum) summary of the nominee’s achievements. **Note:** please make sure the Nominee approves this.

|  |
| --- |
|  |

### 3. How did you hear about the award?

Where did you first hear about the Brenda Gabe Leadership Award?

|  |
| --- |
|  |

### 4. Documentation

Please include the items 4.1 to 4.4 listed below in your application as **separate documents**.

The judging panel will use items 4.1 to 4.3 to make their decision.

##### 4.1 Nomination Statement

In 1,000 words or less, please provide a summary of why this candidate or group is being nominated for the Brenda Gabe Leadership Award.

##### 4.2 Letters from two Referees

Please fill out the contact details of two referees at the end of this form and provide a letter of support from each referee.

##### 4.3 Additional Materials (if available)

Please provide any supporting documentation (for example: newspaper articles, website material, etc). If the information is from a website, please provide the relevant web link.

##### 4.4 Photograph

WDV will use the 50-word profile summary and photograph for publicity and to show at the award presentation. The award will be presented at the WDV Annual Member’s Event held on the 29th August 2023.

**Note:** Please make sure the nominee approves this.

### 5. Declaration

* I have read and understood the **Nomination Guidelines** for the Brenda Gabe Leadership Award.
* I have attached the required **documentation**.

*If nominating someone else:*

* I am **happy for my name to be mentioned** as the Nominator for this Nominee.
* The **Nominee has approved** the Nominee Profile Summary and photo attached to this form.

### Signature of Nominator:

|  |
| --- |
|  |

Date:

|  |
| --- |
|  |

Referee Details

#### Referee 1:

|  |  |
| --- | --- |
| Information required | Your response |
| Preferred pronoun: |  |
| First name:\* |  |
| Family name: |  |
| Postal address: |  |
| Suburb: |  |
| State: |  |
| Postcode: |  |
| Best contact number: |  |
| Email:\* |  |
| Relationship to Nominee:\* |  |

#### Referee 2:

|  |  |
| --- | --- |
| Information required | Your response |
| Preferred pronoun: |  |
| First name:\* |  |
| Family name: |  |
| Postal address: |  |
| Suburb: |  |
| State: |  |
| Postcode: |  |
| Best contact number: |  |
| Email:\* |  |
| Relationship to Nominee:\* |  |