**SUBMISSION INSTRUCTIONS**

**This submission recognises the outstanding contribution of an individual within your organisation who does not personally identify as LGBTQ, but who has made a significant contribution to LGBTQ inclusion in the healthcare sector as an ally to LGBTQ people. They have supported both staff and service users/patients/clients with LGBTQ inclusive care.**

Please complete all areas of this submission form.

All submissions must be received by **11:59pm Monday, 5th February 2024**.

* Soft copy files can be emailed to *HWEI@acon.org.au**;* transferred by a large file transfer service (e.g., Dropbox)
* Hard copy files can be delivered to 414 Elizabeth Street Surry Hills NSW 2010

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| NOMINEE DETAILS |
| **Name of person being nominated:** | ***Please enter this exactly as you would like it to appear on any certificates, awards and announcements.*** |
| **Position title:** | Click or tap here to enter text. |
| **Employer / Organisation Name:** | Click or tap here to enter text. |
| **Contact email for nominee:** | Click or tap here to enter text. |
| **Postal address for nominee:** | Click or tap here to enter text. |

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| **NOMINATION CONTACT DETAILS** |
| **Contact Person for nomination:** | *Name:* Click or tap here to enter text.*Phone number:* Click or tap here to enter text.*Email:* Click or tap here to enter text. |

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| DISCLOSURE |
| **Please verify that the person you are nominating knows of the nomination and is happy for you to proceed:** | [ ] Yes [ ] No |

**Nominee Photo**

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| **Please include a high-resolution *landscape* photo of your nominee.**  |
| [ ]  **A photo for this nominee has been included.** |

**Key Reasons For Nomination**

| **KEY REASONS FOR NOMINATION** |
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| **In one short paragraph, please articulate the most outstanding contributions that your nominee has made to LGBTQ inclusion in health within the assessed calendar year and why you believe your nominee should be given this award. *If your nominee is the recipient of the award, this will be read at the Awards Event.***Click or tap here to enter text. |

**Service User Advocacy:**

| **ADVOCACY OR IMPACT FOR PATIENTS, CLIENTS OR SERVICE USERS** |
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| **Please identify why your nominee has been such an outstanding Ally in supporting LGBTQ service users and patients and attach relevant evidence.**Click or tap here to enter text. |

**Staff Advocacy:**

| **INTERNAL ADVOCACY OR IMPACT** |
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| **Please identify why your nominee has been such an outstanding Ally internally, for other staff, and attach relevant evidence.**Click or tap here to enter text. |

**Additional Work**

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| **ADDITIONAL WORK**  |
| **Please identify any additional information, not covered previously that you would like to include in support of this nomination.**Click or tap here to enter text. |

**References**

| **REFERENCES SUPPORTING NOMINATION** **Written references are required.** PLEASE DO NOT PROVIDE CONTACT PHONE NUMBERS/EMAILS IF REFERENCE CONTENT HAS NOT BEEN INCLUDED. |
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| (a) | **Please provide CEO or equivalent reference in support of this nomination.** Click or tap here to enter text. |
| (b) | **Please provide one or more references from the leadership team of your LGBTQ Ally network or senior LGBTQ employees within your organisation if you do not have a network.**Click or tap here to enter text. |
| (c) | **Please provide one or more references from LGBTQ employees or service users within your organisation.**Click or tap here to enter text. |