**SUBMISSION INSTRUCTIONS**

**This nomination is for an "out" LGBTQ individual within your organisation, who has actively advocated for and promoted an outstanding contribution to LGBTQ inclusion within the organisation and/or for service users, patients, and clients.**

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*](mailto: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 ORGANISATION DETAILS | |
| **Name of person being nominated:** | Please enter name as you would like it to appear on certificates or any awards if applicable |
| **Position title:** | Please enter name as you would like it to appear on certificates or any awards if applicable |
| **Organisation Name:** | Click or tap here to enter text. |
| **Nominee’s Role in LGBTQ inclusion:** | Does the person you are nominating hold any formal role within your LGBTQ network?  Yes  No  We don’t have a network |
| **Nominee Email Address;** | *Email:* Click or tap here to enter text. |
| **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. |
| **Postal address for nominee:** | Click or tap here to enter text. |
| **Nomination team or visibility project details:** | ***Please provide name or details of the team or project that is being nominated.  Please enter this exactly as you would like it to appear on any certificates, awards and announcements.*** |

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| DISCLOSURE | |
| **Please verify that the person you are nominating know 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.** |

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| **VISIBILITY** | |
| **At what level does your nominee work within your organisation** | *Please select the closest descriptor to describe the position your nominee holds within the organisation:*  Administrative staff (e.g. reception, accounts, IT,)  Client Facing Staff ( e.g. Team Member, support worker, AIN, Councillor)  Clinical Staff (e.g. GP, RN, Allied Health, Psychologist, Gynaecologist)  Team Leader or Quality Lead  Senior Leader / middle management  Executive  Other:Click or tap here to enter text. |
| **How visible is your nominee as an ‘out’ member of staff and clients/service users** | Out to the majority of people this person works with (other staff)  Out to the majority of people this person supports (clients or service users)  Out to everyone this person works with (staff and service users)  Out and very active / visible across the organisation (other staff)  Out and very active / visible externally (clients or service users) |

**Key Reasons For Nomination**

If your nominee is the recipient of the award, these may be read at the Awards Event.

| **WHY YOU ARE NOMINATING THIS PERSON?** |
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| **In one short paragraph, please articulate the most outstanding contributions that your nominee has made to LGBTQ inclusion within the assessed calendar year, its impact and why it was so important. *If your nominee is the recipient of the award, this will be read at the Awards Event.***  Click or tap here to enter text. |

**Internal Advocacy:**

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| **INTERNAL ADVOCACY OR IMPACT** |
| **Please identify how your nominee has contributed to a culture of inclusion as an out role-model WITHIN your organisation, for other staff.**  Click or tap here to enter text. |

**External Advocacy:**

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| **EXTERNAL ADVOCACY OR IMPACT** |
| **Please identify any impact that your nominee has had externally or for your clients, service users or patients, as an out role-model.**  Click or tap here to enter text. |

**References**

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| **REFERENCES SUPPORTING NOMINATION**  **Written references are required. Please provide as many of the following references as you can in support of your nomination.**  **PLEASE DO NOT PROVIDE CONTACT PHONE NUMBERS/EMAILS IF REFERENCE CONTENT HAS NOT BEEN INCLUDED.** |
| **Please provide CEO or equivalent reference in support of this nomination.**  Click or tap here to enter text. |
| **Please provide one or more references from your LGBTQ Project team, network or other group tasked with LGBTQ inclusion.**  Click or tap here to enter text. |
| **Please provide one or more references from LGBTQ employees within your organisation.**  Click or tap here to enter text. |
| **Please provide one or more external references in support of this nomination.**  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. |