



SHINE ON RECOGNITION 2017



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

The 'Shine On' 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:

Consent Form signed by the Nominee or Parent/Guardian
Information demonstrating nominee's personal achievements
Information re: leadership and/or special service to his/her community
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 the Nominee needs any information to be altered the Secretary must be advised by 13th January 2017.

Any Rotary Club may nominate more than one person.

✚ Include your local Rotary Club's name; contact person; phone/email details and address.

THREE COPIES of the completed Form and all supporting documentation must be submitted, with the ORIGINALS to by 16th Dec 2016:

E. Murray, Secretary, PO Box 255, Somerville Vic 3912

OTHER INFORMATION:

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

In 2017, the Rotary Southern Districts -Shine On Recognition Event will be held on 30th April, at Balcombe Grammar School Hall, Nepean Hwy, Mt. Martha 1 pm ó 4 pm
Hosted by the Rotary Club of Mt. Martha in District 9820.

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

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 Awards to be shared with the expert medical panel.

Nominee's Signature: _____ Date: _____

Proposer's Name : _____ (print)

Proposer's Signature: _____ Date: í í í í ...

Contact Phone No: _____

Email: _____

Do you agree to your citation &/or photographs being used for publicity? Y N

For ENQUIRIES please contact:

Lara Barrett
PH: 5974 3143 OR 0416 262615
E: barrettsbeach@gardener.com

COMPLETING THE NOMINATION FORM

Please use the template below to complete submissions in Word format **PRIOR** to printing.
Boxes will expand, as required.

Tick the Boxes where indicated and be careful to include all the required information

CATEGORIES: Young Nominees 15-25 years Adult Nominees 25+ years

NOMINEE DETAILS

NAME Title: (Mr. Mrs. 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. Ms. Dr.)*

Surname *

Given Name*

ADDRESS

Street*

Suburb/town* Postcode*

Phone *

Fax* Email*

NOMINATING ROTARY CLUB*

District No:*

Name of Contact Person:*

Phone*

Details of Nominee's health and/or disability issues: Type in the box in 30 words or less

Personal achievements while living with a disability: *Type in the box in 200 words or less*

Membership of community group/s: *Type in the box in 30 words or less*

Purpose of group/s *Type in the box*

Activities Undertaken *Type in the box*

Length of membership

Group's contact person & phone number

History of community involvement and achievements *Type in the box in 200 words or less*

Other achievements and/or awards *Type in the box in 100 words or less*

CHECKLIST

Tick

- 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
- The original and three copies of ALL documentation has been submitted

NOMINATIONS MUST BE POSTED by 16th Dec 2016

To:

E. Murray, Secretary

PO Box 255

Somerville, Vic. 3912

Privacy statement

The Rotary International Southern Districts Shine On Recognition Committee is committed to protecting the Nominee's privacy. Personal information is confidential and protected by the Privacy Act 1988, the Information Privacy Act 2000 (Vic) and other legislation. It can only be disclosed where Commonwealth legislation requires or where the volunteer gives permission. Reasonable steps are taken to protect personal information misuse, loss, unauthorized access, modification or disclosure.