ACT Down Syndrome Association Inc

A.B.N. 69 287 334 664

Bldg 2, Pearce Community Centre, Collett Place, Pearce

PO Box 717 Mawson ACT 2607

Tel: (02) 6290 0656

Email: admin@actdsa.org.au

**The Alderson Family Award 2024 – Nomination Form
Category: Up to 12 years**

**The following guidelines apply:**

* Nominee must be a person with Down syndrome.
* Membership of the Association is not a prerequisite for the award.
* Achievement for a person with Down syndrome must be significant in the context of the nominee’s life, not necessarily the wider community. Examples may be (but are not limited to): tying their shoe by themselves, starting school, receiving an award at school or other extracurricular activity, learning to walk, or saying their first word.
* The decision of the Association will be final.
* Nominations must be in writing and be received by the ACTDSA by **29 March 2024**.

**Nominee Information**

|  |  |
| --- | --- |
| Name of Nominee |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |
| Email address |  |

**Nominator Information**

|  |  |
| --- | --- |
| Name of Nominator |  |
| Address |  |
| Home Telephone Number |  |
| Work Telephone Number |  |
| Mobile Telephone Number |  |

**Referee Information**

|  |  |
| --- | --- |
| Name of Referee |  |
| Email Address |  |
| After Hours Contact Number |  |
| Business Hours Contact Number |  |
| Mobile Telephone Number |  |

**Nomination for the Alderson Family Personal Achievement Award**

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| --- | --- |
| Short Description of the Achievement |  |
| How long did it take to achieve this goal? |  |
| What is the significance of achieving this goal? |  |
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| How has this changed the person’s life?  |
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If insufficient space is provided, please attach additional page(s) to complete your nomination.

Thank you for your nomination, please send to ACTDSA, PO Box 717, MAWSON, ACT 2607 or email to: admin@actdsa.org.au by 29 March 2024.