



NOMINATION FORM

NOMINEE

Nominee's name

The Disability Enterprise they work at

In which state or territory do they work

ACT NSW NT QLD SA TAS VIC WA

Note: you must include a picture of the nominee with this form

NOMINATION

Describe the nominee in 3 words

Describe the nominee's role at their workplace (maximum 50 words)

Describe how the nominee goes above and beyond in their workplace (maximum 50 words)

NOMINATORS DETAILS

First name

Last name

Contact email

How do you know the nominee:

Colleague / peer Supervisor Friend

Family member Carer Other:

By signing you declare you have read and will abide by BuyAbility's Terms & Conditions available at www.buyability.org.au/awards/

Signed

Date

Return Nominations to

BuyAbility Team
Locked Bag 3002
Deakin West ACT 2600

Nominations must be received
by 27 April 2018