



Interchange Jean Simpson Award 2019 - [Nomination Form](#)

1. Details of the **Person Submitting** the nomination

Full Name	
Agency Represented	
Email Address	
Contact Numbers: <i>Work</i> <i>Mobile</i>	

2. Details of the nomination

Is the nomination for an Employee or Volunteer or Team or Program?	Employee	Volunteer
	Team	Program

If this nomination is for an individual Employee or Volunteer, please complete section 3 below.

If this nomination is for a Team or Program, please complete section 4 below.

3. Nomination of **Individual Volunteer or Employee:**

Full Name of Employee or Volunteer being nominated	
Which Agency is the nominee involved with?	
Please provide the employee or volunteer's Email or home address for communication purposes	
Contact Numbers (to coordinate photos / videos and to advise if they are receiving the award)	

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Please detail below why you are nominating this person/s for the award.

Provide an introduction to the nominee. Consider including the length of time they have been involved with your agency, what brought them to your agency, in what capacity they have been involved over the years, what demonstrated qualities or traits they bring, or other information relevant to the nomination.

In what role/s has the nominee excelled?

Provide details of the nominee's service which are considered particularly worthy of recognition.

How has the nominee's contribution impacted upon your community and clients?

Please provide any other information or comments you wish the Selection Panel to take into consideration.

4. Nomination of **Team or Program**:

Name of Team or Program being nominated	
Which Agency is the nominated team or program involved with?	
Are you the best contact person for communication purposes? If NO, please advise the contact person.	
Contact Numbers (to coordinate photos / videos and to advise if they are receiving the award)	

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Please detail below why you are nominating this team or program for the award.

Provide an introduction to the team or program. Consider including the history or duration with the agency, how or why the team or program was brought together/created, the purpose, size or need they meet, or other information relevant to the nomination.

In what way has the nominated team or program excelled?

Provide details of the team or program's service which are considered particularly worthy of recognition.

How has the team or program's contribution impacted upon your community and clients?

Please provide any other information or comments you wish the Selection Panel to take into consideration.

Please submit completed Nomination Form by Friday 30 August 2019 by:

Email: kerry@interchange.org.au

OR

Post: Attention: Kerry Uren

Interchange Incorporated

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