

ASID Media Award

Award Nomination Form



Nominee Information	
Title of Media:	
Type of Media:	
Date of Release: (of media, if known)	
Location of Media:	
If media is not freely available for viewing via a source such as the internet, please send a copy of the media you are nominating to the address provided in the footer of this document	

Media Contact Information					
Title:		First Name:		Last Name:	
ASID Division:					
Contact Email:					
Contact Phone:					

First Nominator					
Title:		First Name:		Last Name:	
ASID Division:					
Contact Email:					
Contact Phone:					
Current Financial Member of ASID:	<input type="checkbox"/> Yes <input type="checkbox"/> No (nominator must be a member of ASID)				

Second Nominator					
Title:		First Name:		Last Name:	
ASID Division:					
Contact Email:					
Contact Phone:					
Current Financial Member of ASID:	<input type="checkbox"/> Yes <input type="checkbox"/> No (second nominator must be a member of ASID)				

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Reason for Nomination (max 500 words)
Describe how the media content primarily concerns intellectual and/or related disability
Describe how the media content is focused on fair, accurate and positive reports on people with intellectual and/or related disability
Describe how the content prioritises positive awareness or education of best practice
Please provide any other information to support your nomination
Declaration: In nominating this media, I confirm that the content is not designed for the purpose of advertising/promoting a program, provider, person or other entity which will result in remuneration

Applications Close 30th September 2017

Please send completed nomination forms to: secretariat@asid.asn.au