2024 LiFE Awards Nomination Form

First Name:	
Surname:	
Organisation (if applicable):	
Nominating Person/Organisation:	
Role:	
Email:	Phone:
State: Category:	
Has the nominee previously won a life award? Yes	No If yes, which year?
How does the work align with your personal or organisation of the work align with your personal or organisation.	ational mission/vision? (max. 100 words)
2. What was the reasoning behind the initiative? Was it specifically for your community? (Max. 250 words)	t a new idea with an approach created

3. Describe how you incorporated best practice into the initiative and ongoing evaluations and reviews. Please support your response with clippings, testimonials, photos, video content/social media. (Max. 100 words)
4. Describe the extent of participation and collaboration with others, including people with lived experience of suicidal behaviour in the development, implementation or evaluation of campaign, event or initiative. Highlight collaboration with other stakeholders and how working together has improved the overall initiative. (Max. 250 words)
Declaration:
I declare the information submitted in the nomination are true and correct to the best of my knowledge.
Name:
Signature:
Date:
Return form by 15 January 2024.

Email: events@suicidepreventionaust.org

Post: State LiFE Awards, Suicide Prevention Australia, GPO Box 219, Sydney NSW 2001

Online: complete an online form <u>here</u>.

Alternatively, the questions can be answered via a video presentation or PowerPoint and emailed in. Please see the Nomination Guidelines for more information.

