

2027 LiFE Awards

Nomination Form

YOUR DETAILS

First Name:

Surname:

Organisation (if applicable):

Role (if applicable):

Email:

Phone:

NOMINATED PERSON/PROJECT DETAILS

First Name:

Surname:

Organisation (if applicable):

Role (if applicable):

Project/service nominated:

How long has their work, program or organisation been focused on suicide prevention, specifically in relation to this nomination?

Email:

Phone:

City/Town: State/Territory:

Category:

Has the nominee previously won a LiFE Award? Yes ☐ No ☐ If yes, which year?

Please note that a maximum of 3 categories per nominee is permitted.

1. Initiative Summary (max. 100 words)

Briefly describe the initiative (a project, service or individual effort) and explain why it should be recognised.

2. Background on Initiative (max. 250 words)

What was the purpose or motivation behind the initiative? Was it inspired by a new idea, or a unique approach to meet the needs of the community?

3. Quality Improvement (max. 250 words)

How does the initiative incorporate quality improvement? What steps are in place to ensure it remains effective and sustainable over time?

4. Collaboration (max. 250 words)

How did you collaborate with others? Including people with lived experience of suicide, during the development, implementation and evaluation of the initiative?

5. Please select one category from below with its corresponding question and address the question below. (Max. 500 words)

- ☐ **Outstanding Contribution (Organisations):** What specific actions, programs or initiatives has the organisation led that demonstrates an outstanding contribution to suicide prevention? How have these efforts created a significant and measurable impact in the community or sector?
- ☐ **Outstanding Contribution (Individuals):** What specific actions or leadership has the nominee demonstrated that reflect an outstanding personal contribution to suicide prevention? How have their efforts created meaningful and measurable change within their community or field?
- ☐ **Communities in Action:** How has the initiative actively engaged and collaborated with the community to address suicide prevention or advance the cause? What measurable outcomes or positive changes have resulted from these collective efforts?
- ☐ **Priority Populations:** How has the nominee's work specifically addressed the needs and challenges of priority populations in suicide prevention. What measurable improvements or meaningful outcomes have resulted from their efforts?
- ☐ **Innovative Practice and Research:** What innovative practices or research methods has the nominee developed or employed? How have these approaches advanced the suicide prevention sector or effectively addressed complex challenges in new ways?
- ☐ **Best Practice in Workplace:** What specific practices or initiatives has the nominee implemented to effectively address and reduce suicide risk in the workplace? How have these measures positively impacted employee mental health and safety?

Please email a photo representing this nomination to membership@suicidepreventionaust.org. Photo must be high resolution and can be in jpeg or png format. Please include nominee's name and category in email.

Please feel free to support your response with clippings, testimonials, photos, video content/social media.

Declaration:
I declare the information submitted in the nomination is true and correct to the best of my knowledge.

Name:

Signature:

Date:

Return form by 11.59pm AEDT on Monday 26 October 2026.
Email: membership@suicidepreventionaust.org
Post: State/Territory LiFE Awards, Suicide Prevention Australia, GPO Box 219, Sydney NSW 2001