



Deaf Directions Roundtable

Nomination Form

Deaf Can:Do Community and Leadership Scholarships are provided by the Can:Do Group to groups and individuals. They are available for projects that support the growth and development of leadership for those who are Deaf or Hard of Hearing, with a focus on young and emerging leaders within the Deaf community of South Australia.

Section 1

This section must be completed in full for all nominations

Name of Nominee	Age	<i>If under 18 guardian details and consent is required</i>			
Name of Guardian	Phone	SMS Only	Yes	No	
Address	Suburb	P/Code			
Email					
Do you propose to represent a group as part of your role on the Roundtable?				Yes	No
If yes, has the group endorsed your nomination?				Yes	No
Which group do you intend to represent?					
DCSSA	Southern Deaf	Youth	Senior Citizens		
ASLIA	Church	Other (give details)			

Section 2

Only complete this section in you are nominating someone else

Are you nominating	Yourself	Someone Else	Are they aware you are nominating them?	Yes	No	
Nominator Name			Phone	SMS Only	Yes	No
Address			Suburb	P/Code		
Email	Your relationship to nominee?					
Why do you think the person you are nominating would be a good addition to the Roundtable?						



Section 3

Only complete this section if you are nominating yourself

What skills and abilities would you bring to the Roundtable?

1

What do you think are the three most important things that should be addressed by the Roundtable, and why?

2

3

Please provide details of any experience or membership you have with other Deaf or community groups.

Please provide details of one non-family member that is a part of the SA Deaf community or an organisation connected to the SA Deaf community as referee.

Name of Referee	Phone	SMS Only	Y/N
Address	Suburb	P/Code	
Email			

I hereby acknowledge that I am the applicant/applicants guardian. I have read and agree to abide by all Terms and Conditions and confirm that all information provided in this application is true and correct.

Name of Applicant

Name of Guardian

Signature of Applicant

Signature of Guardian

Date

Date

Please return this signed application in full to;

**Deaf Directions Roundtable
Can:Do Group
PO Box 43
Brighton SA 5048**

Or email your application to;

roundtable@deafcando.com.au