**Young Ealing Foundation Awards**

1. **Young Person Award Nomination Form**

**Award category** (please select one per form)

|  |  |
| --- | --- |
| [ ]  **Overcoming Adversity** | **[ ]  Young Volunteer** |
| [ ]  **Green Champion** | **[ ]  Community Champion** |
| [ ]  **Young Leader** |

**Person nominating**

|  |  |
| --- | --- |
| Your name: |  |
| I am a… | [ ]  Young person  | [ ]  Youth worker  |
| [ ]  Parent / guardian / carer  | [ ]  Connexions PA / YOS worker  |
| [ ]  Resident  | [ ]  Teacher |
| [ ]  Other (please state) |
| Contact details: | Phone / mobile:  | Email:  |

**Your nomination**

|  |  |
| --- | --- |
| I would like to nominate: |  |
| Please use additional pages if required |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |       | Contact details: | Mobile:      Email:       |

**Please inform the young person / volunteer that you have nominated them.**

|  |  |  |
| --- | --- | --- |
| **Signed:**  |       | **Date:** |

Please send your completed nomination form to: Yevgeni@youngealingfoundation.org.uk by

**11.59pm Sunday 15th May 2022**

**Young Ealing Foundation Awards**

1. **Youth Provider Awards Nomination Form**

**Award category** (please select one **per form)**

|  |  |
| --- | --- |
|  **[ ]  Positive Opportunities Award** |  **[ ]  Online & Physical Safety Award** |
|  **[ ]  Mental Health and Wellbeing Award** |  **[ ]  Volunteer of the Year** |
|  **[ ]  Youth Professional of the Year** |

**Person nominating**

|  |  |
| --- | --- |
| Your name: |       |
| I am a… | [ ]  Young person  | [ ]  Youth worker  |
| [ ]  Parent / guardian / carer  | [ ]  Connexions PA / YOS worker  |
| [ ]  Resident  | [ ]  Teacher |
| [ ]  Other (please state) |
| Contact details: | Phone/mobile:       | Email:       |

**Your nomination** (please note word count for each section)

|  |  |
| --- | --- |
| Project name: |       |
| Brief description of project(75 words)  |       |
| How did the project impact on young peoples lives?(150 words)  |       |
| Outcomes achieved and the evidence(150 words) |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Project address: |       | Lead workers’ contact details: | Telephone:      Email:       |

**Please inform the project lead that you have nominated the project.**

|  |  |  |
| --- | --- | --- |
| **Signed:**  |       | **Date:** |

Please send your completed nomination form to: Yevgeni@youngealingfoundation.org.uk by

**11.59pm Sunday 15th May 2022**