

Please tell us briefly (50 words or less) why you are nominating this school
[print or type]

Please help us understand your affiliation with the school.

I am:

| | |
|--|--------------------------|
| * a parent of a student with diabetes who attends this school | <input type="checkbox"/> |
| * a student at this school or who has recently attended this school | <input type="checkbox"/> |
| * a healthcare professional who provides assistance to this school | <input type="checkbox"/> |
| * a member of the staff or teacher at this school | <input type="checkbox"/> |
| * a member of the governing authority that oversees this school | <input type="checkbox"/> |
| * an interested member of the public who has relevant knowledge of this school | <input type="checkbox"/> |

What happens next?

1. We will send a detailed Application Form to the school Principal.
2. On receipt of a completed Award Application Form, the SFBLF Assessment Committee will review the information provided and make a decision regarding an award for the In-School Support Program for students living with diabetes.
3. The Principal will be advised of the Committee's decision within 60 days; as will all nominators for the school.

Thank you for submitting your nomination.

Nominator's Signature

Date