

2010 dreamcatcher Nomination Form

Organisation Supporting Nomination	
Nominating Organisation	
Address Line 1	
Address Line 2	
Suburb, Postcode	
ABN or DGR (if applicable)	
Contact at Organisation	
Contact Name	
Position Title	
Contact Phone Number	
Fax Number	
E-mail	
Details of the Dream Recipient	
Project Client Name	(Each project requires a key client for project assessment, prototype testing, team meetings, media and events)
Disability	
Location	(Suburb of workplace or home- relevant to project)
Contact Phone Number	
E-mail	
Age	
(If under 18 or under permanent care, please provide parental/ guardian consent and contact details)	
Parent/ Guardian/ Carer Name	
Contact Phone Number	
Details of the Dream (Information to include with your nomination)	
1. Dream Summary:	"My Dream is" (maximum 100 words)
2. Dream Details	Provide explanation of the need, the solution or any other relevant information (maximum 1 A4 page, 12pt font)
3. Supporting Documents	Please attach any photos or sketches if available to help communicate the Dream (these will not be returned)
4. Support for Dream	If you are aware of support that is available for this project such as funding, resources, supporters, sponsorship, grants etc please provide a separate list with brief details.

Nominations due 3pm Friday, 5th February 2010

All nomination must be delivered to Dreamfit at one of the below contacts;

Email: darren@dreamfit.com.au

Fax: (08) 6267 8099

Post: PO Box 4017, Wembley WA 6913