

TEACHER / COUNSELLOR / CASEWORKER / FAMILY MEMBER NOMINATION FORM

(THIS IS AN ELECTRONIC FORM THAT CAN BE FILLED IN AND EMAILED TO ENQUIRIES@LIFECHANGINGEXPERIENCES.ORG. IF HAND WRITTEN, PLEASE PRINT CLEARLY)

SISTER2sister Program: Sydney

Program year: _____

Name of Nominee: _____

Nominators Name: _____

Relationship to Nominee: _____

Home/Work Address: _____

Suburb: _____

State: _____ Postcode: _____

Phone: (Home or Work) _____ (Mob) _____

Email address: _____

Emergency Contact Name for Nominee: _____

Emergency Contact Mobile for Nominee: _____

On a scale of 1-5 (1 being the least and 5 being the most) how involved would your nominee be in the SISTER2sister program?

UNINVOLVED 1 2 3 4 5 VERY INVOLVED

School Details of Nominee: Leave blank if details are already listed above

Name of School: _____

Contact Person/Position: _____

Contact number: _____

Email: _____

Please write here why you think your nominee would benefit from the program

Please describe any specific behavioural issues (eg. anger management), juvenile delinquent background, bail conditions that may affect the nominee's participation and behaviour within the program.

Please list anything of interest that would assist us in providing a better experience for your nominee while she is in the program ie. special needs or concerns:

Signature of Nominator: _____

Date: _____

Mail to : Suite 1A3, Level 1A, 410 Elizabeth Street, Surry Hills NSW 2010 OR

Fax to : 02 9211 8196 OR

Email to: enquiries@lifechangingexperiences.org