|  |
| --- |
| **Breaking Barriers Entry Form** Please tick (✓)I am telling my own Breaking Barriers story **🞎** I am nominating someone as a Barrier Breaker **🞎** |
| **Barrier Breaker details**  |
| Name  |
|  |
| Address |
|  |
| Phone |  | Email |  |
|  |
| **Nominators details** (if you have nominated someone we may have to contact you for more details) |
| Does the person you are nominating know they have been nominated  | Yes 🞎 No 🞎 |
| What is your relationship with the person being nominated (i.e. parent, carer, organisation that has supported them, employer)?  |  |
| If the person you are nominating is under 18 please tell us their age  | \_\_\_\_ years |
|  |
|  Nominators Name  |
|  |
|  Nominators Address  |
|  |
| Nominators Phone | Nominators Email |

|  |
| --- |
| **What category fits best**  |
| The Arts Social and Leisure Education, work and trainingTransport and Travel Access to healthcare services | 🞎🞎🞎🞎🞎 | SportsAccessDiscrimination Voice Other  | 🞎🞎🞎🞎🞎 |
| **Please tell us about your experience of breaking a barrier.** How did you overcome it? What difference did it make to you? **Or, if you are nominating someone please tell us about the person you know.** How they have become a barrier breaker? |
| Completed forms should be sent to c.brummage@richmondaid.org.uk **by 5pm on Monday 21st November 2016** or by post to Disability Action and Advice Centre, 4 Waledgrave Road, Teddington, TW11 8HT.  **Thank you!!**  |