|  |  |  |  |
| --- | --- | --- | --- |
| **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 training  Transport and Travel  Access to healthcare services | 🞎  🞎  🞎  🞎  🞎 | Sports  Access  Discrimination  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](mailto: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!!** | | | |