

2026 ACT Chief Minister's Inclusion Awards Nomination Form

Summary

The ACT Chief Minister's Inclusion Awards celebrate leaders with disability in our community and the outstanding achievements of Canberra based individuals, teams, businesses, and organisations who have demonstrated their commitment to welcome, collaborate with, support, and improve the experience and outcomes for Canberrans with disability in their workplace, business, and community.

Nominations should demonstrate how their initiative, project or achievements go beyond minimum standards and/or go over and above expectations, in creating better outcomes for people with disability and making Canberra more inclusive for people with disability.

Nominations close **5pm, Tuesday 15 September 2026.**

If you need any assistance or reasonable adjustments to submit a nomination, please contact the ACT Office for Disability via email OfficeForDisability@act.gov.au or phone (02) 6207 1086 and leave a message so the Office for Disability can return your call.

To use the National Relay Service, contact 13 36 77 (TTY number - Speak and Read, Type and Read, and Type and Listen) then ask for (02) 6207 1086.

Leader in Inclusion

* indicates a required field

Recognises **a person with disability** who is a leader in community. The nominee will be a person with disability who has made a significant personal contribution to creating change that promotes the full and equal participation of all people in the ACT.

The Leader in Inclusion nominee will have demonstrated one or more of the following behaviours:

- achieved improved outcomes for all people in the ACT through promoting change to legislation, policy, or programs.
- changed community attitudes through activities such as awareness-raising or other behaviour change initiatives.
- increased the visibility of disability by promoting the diversity of disability issues and experiences.
- designed and implemented processes, systems or programs that delivered better access or inclusion experiences for people in the ACT.

Tell us the behaviours the nominee demonstrated for this award (what they did, with who and how)

Word count:

Please limit your response to 500 words.

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Form Preview

Tell us how the activities of the nominee enhanced the inclusion of people with disability

Word count:

Please limit your response to 500 words.

Tell us other behaviours the nominee demonstrated for this award

Please limit your response to 500 words.

About the Nominee

Tell us more about the nominee (select all that apply) *

- The nominee identifies as a person with disability
- The nominee is an individual from community
- The nominee is an individual from business
- The nominee is an individual from government

You are welcome to provide more supporting material and information by uploading attachments below. The more information and examples you provide, the better the judges are able to make an informed decision in determining the winner of this award.

Please upload any additional documentation that may support your nomination

Attach a file:

Nominee and Nominator Contact Details

* indicates a required field

Self nominee

Are you self nominating? *

- Yes No

Tell us about your relationship with the nominee *

Word count:

Please limit your response to 100 words.

Contact details for the Nominee

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Please provide the contact details of the individual or organisation you are nominating for an ACT Chief Minister's Inclusion Award.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position

If applicable

Organisation Name

If applicable

Address *

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email *

Must be an email address

Nominee Contact Number *

example 02 62071086

Click 'Browse' to upload a high resolution photograph of the nominee.

Attach a file:

You must have permission to use the photograph. Photographs may be used for social media and other promotional or media material.

Contact details for the Nominator (person completing this application form)

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position

If applicable

Organisation Name

If applicable

Address *

Address

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be an Australian post code

Email *

Must be an email address

Nominator Contact Number *

Example 02 62071086

Referee Details

Please provide details of at least one referee (that is not the nominator) including contact number and a valid email address.

The referee may be contacted about the nomination.

Referee *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position

If applicable

Organisation Name

If applicable

Referee Email *

Must be an email address.

Referee Contact Number *

Example 02 62071086

Declaration

* indicates a required field

Website Permission

Do you consent, or have consent from the Nominee, for the following:

Nomination details to be listed on the Inclusion Council websites and other media relating to the Chief Minister's Inclusion Awards *

Yes No

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To be contacted by the Office for Disability for a high-resolution photo (if not already provided) to be used on the Inclusion Council website and other media relating to the Chief Minister's Inclusion Awards *

- Yes
 No

Consent to share information

I have sought approval from the nominee/s to submit this nomination and gained the nominees consent for their name to appear in promotional material regarding the Awards, including print and online media.

I understand that the judging panel and organisers (including the Health and Community Services Directorate and the event management company) of the Awards may seek additional information from relevant referees, managers, peers, people with disability and their families about this nomination.

I understand the Health and Community Services Directorate and, or the judging panel reserve the right to re-allocate any nomination to a different award category than selected on this form.

Nominator Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date *

Privacy Notice

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in the Health and Community Services Directorate records and may also be used for statistical research, information provision and evaluation of services.

Your personal information may be disclosed to other agencies and third parties only for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

Legislative Framework:

- The *Public Sector Management Act 1994*;
- The *Information Privacy Act 2014* (including the [Territory Privacy Principles](#) at Schedule 1 of the Act which set out rules for handling and managing personal information including collection, storage, use and disclosure);
- The *Health Records (Privacy and Access) Act 1997* (which provides for privacy and access rights to personal health information whether it is held in the public or private sector);
- The *Workplace Privacy Act 2011* (which regulates when an employer may conduct surveillance on an employee); and
- The *Human Rights Act 2004* (which outlines a person's rights to privacy).

Feedback

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You are now coming to the end of the nomination process and before you REVIEW and click the SUBMIT button, please take a few moments to provide some feedback.

How did you find out about the ACT Chief Minister's Inclusion Awards? *

- Advertising (Newspaper/eNews letter)
- Website
- Social Media
- Word of mouth
- Other:

Please indicate the level of difficulty to complete this online nomination form. *

- Very easy
- Easy
- Difficult
- Very difficult
- None of the above