

# FRIEND OF THE DEAF AWARD

## Nomination Form



### ABOUT THE AWARD

1. The nominee should have made remarkable social, educational or financial contributions to the Deaf Community for at least 3 consecutive years based on calendar year, January to December.
2. The award is given in the form of a plaque together with a certificate.
3. There will be only one winner for each category.
4. All unsuccessful nominees of "Friend of the Deaf Award" will be eligible for the different categories of the I-L-Y (I LOVE YOU) Award if they meet criteria for the respective categories.

### CRITERIA FOR NOMINATIONS

This is the most prestigious award of the Singapore Association for the Deaf (SADeaf). It is divided into the following 2 categories:

- an **individual** (any person) and
- an **organisation** (an organisation or a group registered in Singapore)

#### As an individual:

- a. School is defined as contributing at least 400 hours of service per year. **OR**
- b. Educational is defined as providing at least 400 hours of educational/enrichment programmes for the Deaf community per year **OR**
- c. Financial is defined as contributing at least \$100,000, either in cash or in kind to support the programmes

#### As an organization:

- a. Social is defined as contributing at least 10,000 hours of service per year. **OR**
- b. Educational is defined as providing at least 10,000 hours of educational/enrichment programmes for the Deaf community per year **OR**
- c. Financial is defined as contributing at least \$100,000, either in cash or in kind to support the programmes

### NOMINATION PROCEDURES

1. Nomination must be made on the appropriate form, put in a sealed envelope and dispatched either by hand, mail :

Chairman of the Award Vetting Panel  
The Singapore Association for the Deaf  
227, Mountbatten Road  
Singapore 397998

or email: [gohpi@sadeaf.org.sg](mailto:gohpi@sadeaf.org.sg)

latest by 14 August 2019, 6pm. **Late submission will not be entertained.**

2. Nominations can be made by any Member/Registered Client of SADeaf (**self-nomination is not eligible**) but must be supported by one of the following SADeaf Committees via:
  - Administration and Finance Committee
  - Community Services Committee
  - Deaf Access Committee
  - School Management Committee - Mountbatten Vocational School
3. The nominations will be reviewed by independent Award Vetting Panel which comprises of the following:-
  - A Chairman (an Executive Council member of SADeaf)
  - 2 Deaf members
  - An ex-awardee
  - Representatives from Social Service Organisations in Singapore
4. Recommendations of the Award Vetting Panel will be submitted to the Executive Council of SADeaf for approval. Once officially approved, it will be deemed final and no appeal will be entertained.

### PRESENTATION OF AWARDS

Winners of the Awards will be notified in writing by SADeaf, latest by 2 September 2019. Awards will be either presented at the International Day of the Deaf celebration or any other appropriate occasion in the year of 2019.

## DETAILS OF NOMINEE

Nomination for:  Individual  Organisation

Year started with The Singapore Association for the Deaf: \_\_\_\_\_

Previous award received from The Singapore Association for the Deaf (*if applicable*):

Award: \_\_\_\_\_

Year: \_\_\_\_\_

AFFIX  
PASSPORT  
SIZE  
PHOTOGRAPH

### FOR INDIVIDUAL NOMINATION ONLY

Full Name of Nominee (Ms / Mdm / Mrs / Mr):  
(Please underline the surname)

\_\_\_\_\_

NRIC No.:

Occupation:

\_\_\_\_\_

Correspondence Address:

Singapore ( )

\_\_\_\_\_

Contact Number: \_\_\_\_\_ (Tel/O) \_\_\_\_\_ (Tel/R)

\_\_\_\_\_ (Fax/O) \_\_\_\_\_ (Mobile)

\_\_\_\_\_

Email Address:

\_\_\_\_\_

### FOR ORGANISATION NOMINATION ONLY

Full Name of Organisation:

\_\_\_\_\_

Type of Organisation:

\_\_\_\_\_

Number of persons in the organisation:

Unique Entity Number (UEN):

\_\_\_\_\_

Full name of the person in charge (Ms / Mdm / Mrs / Mr):  
(Please underline the surname)

\_\_\_\_\_

Contact Number: \_\_\_\_\_ (Tel/O) \_\_\_\_\_ (Tel/R)

\_\_\_\_\_ (Fax/O) \_\_\_\_\_ (Mobile)

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Correspondence Address:

Singapore ( )

\_\_\_\_\_

## STATEMENT OF CONTRIBUTION

1. **Major Contributions (Please refer to the last page)**

*(All entries will become the property of SADeaf and will not be returned. Please include copies of supporting documents with this form)*

2. Other contributions:

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3. In what ways have the contributions benefited the Deaf community?

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## DETAILS OF NOMINATOR

*(Nominator must be one of the committee members of SADeaf).*

Name (Ms / Mdm / Mrs / Mr):  
*(Please underline the surname)*

Committee:  
Post:

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NRIC No.:

Occupation:

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Correspondence Address:

Singapore ( )

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Contact Number: \_\_\_\_\_ (Tel/O) \_\_\_\_\_ (Tel/R)  
\_\_\_\_\_ (Fax/O) \_\_\_\_\_ (Mobile)

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Email Address:

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## DECLARATION

**Nominator**

This is to confirm to the best of my knowledge, the information contained in this form and in the enclosed documents is true and correct.

\_\_\_\_\_  
Nominator's Signature/Stamp

\_\_\_\_\_  
Date

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Nomination supported by *(Name of the Committee)*:

\_\_\_\_\_  
Chairman's Signature

\_\_\_\_\_  
Date

*(Nomination must be supported by one of the committee members of SADeaf).*

