

Take 5 Steps to Wellbeing Legacy Award 2016 Nomination Form

Please answer all the relevant sections on this form as fully as possible. The form should be completed in **BLOCK CAPITALS** in black ink or typed

Community Group/Organisation being nominated

Name	
Contact Address	
Postcode	
Contact number	
E mail address	

Please tick to confirm that the organisation you are nominating meet the following criteria;

Delivers take 5 Steps to Wellbeing programmes and activities in one of the following localities. Please select one of the areas below.

- North Belfast
- South Belfast
- East Belfast
- West Belfast
- Shankill

Individual or Organisation making the nomination

Name of person making the nomination	
Name of nominating organisation	
Address of nominating organisation	
Post code	
Telephone number (day time)	
Mobile number	
E mail address	



Please complete for BOTH individual and team nominations

1. Please tell us how this community group/organisation supports the core work of Take 5 Steps to Wellbeing. (**Maximum 250 words**)

2. Please tell us how this community group/organisation supports the core work of Take 5 Steps to Wellbeing by providing services that support the **Give** element of Take 5 (**Maximum 250 words**)

3. Please tell us how this community group/organisation supports the core work of Take 5 Steps to Wellbeing by providing services that support the *Be active* element of Take 5 (**Maximum 250 words**)

4. Please tell us how this community group/organisation supports the core work of Take 5 Steps to Wellbeing by providing services that support the *Connect* element of Take 5 (**Maximum 250 words**)

5. Please tell us how this community group/organisation supports the core work of Take 5 Steps to Wellbeing by providing services that support the *Keep learning* element of Take 5 (**Maximum 250 words**)

6. Please tell us how this community group/organisation supports the core work of Take 5 Steps to Wellbeing by providing services that support the *Take notice* element of Take 5 (**Maximum 250 words**)

I confirm, to the best of my knowledge, that the information provided on this form is correct and up to date.

Print name: _____

Signature: _____

Date: _____

Completed nomination forms should be returned no later than 4pm on Monday 29th February 2016 to:

**Jim Morgan
Belfast Health Development Unit
5th Floor
9 Lanyon Place
Belfast
BT1 3LP**

Or emailed to jim.morgan@bhdu.org