



Audrey McFarlane Award

Nomination Package

The Audrey McFarlane Award for families and individuals with FASD is named in recognition of Ms. McFarlane's many years of dedication and work with the Lakeland Centre for FASD.

The Audrey McFarlane Award was designed to highlight FASD successes. There are two categories for the Audrey McFarlane Award; recognizing (a) an individual with FASD who have overcome an obstacle to achieve a goal in their life, and (b) a family and /or caregiver who have gone above and beyond to support an individual with an FASD diagnosis.

The Lakeland Centre for FASD recognizes these accomplishments and efforts made to improve the lives of individuals with FASD, their families and communities.

Option 1 Criteria: Individual with FASD or Client in LCFASD Program

- Built upon their strengths with new skills acquired
- Has overcome obstacles to achieve a goal
- Able to speak up and request supports interdependence
- Developed a creative way that allowed a positive change in their life
- Has created a stable balanced life through supports and services

Option 2 Criteria: Family or Caregiver

- Has gone above and beyond in supporting an individual with FASD
- Provide a positive support system
- See the strength within each individual and nurture their potential
- Able to access resources and services needed to support individual with FASD which has allowed them to achieve a goal or benchmark
- Developed a creative way to support individual

Please print your answers clearly. If the Nomination cannot be read it will be returned to you. It is preferred that you complete the Nomination, with help if required.

Return the Nomination Package to the LCFASD, in person, by mail or fax [see above] or email to admin@lcfasd.com with **Award Nomination** in the subject line.

Successful Nominees will be notified by letter of their Award.

If you have any questions, please speak with your FASD Coordinator or Mother to be Mentor.

NOMINATION DEADLINE: JULY 31

Audrey McFarlane Award Nomination

Nominee Information

Nominee's Name Last Name: _____ First Name: _____

Nominee's Address:

Street Address: _____

Community: _____ Postal Code: _____

Nominee's Phone Number Home#: _____ Cell #: _____

Nominee's E-mail: _____

Your Information

Your Name Last Name: _____ First Name: _____

Your Address:

Street Address: _____

City: _____ Postal Code: _____

Your Phone Number Home Phone #: _____ Cell Phone #: _____

Your E-mail: _____

Reason for Nomination

Please tell the Award Review Board about the individual or family and why you are nominating them for the Audrey McFarlane Award.

www.lcfasd.com

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

Date