



# Daisy's Eye Cancer Fund

## A Global Response To Childhood Retinoblastoma

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## World Retinoblastoma Citizen Award

### About the Award.

Daisy's Eye Cancer Fund is proud to offer the World Retinoblastoma Citizen Award. This new award recognises those whose selfless actions will make a lasting impact on children with retinoblastoma and their families around the world.

Humanitarian activities are a core principle of Daisy's Eye Cancer Fund. There are many individuals and teams around the world who give their time and/or professional skills without condition, to help others with retinoblastoma, now and in the future.

The recipients of the World Retinoblastoma Citizen Award will have distinguished themselves by unusual, outstanding, unselfish contribution to the global retinoblastoma community, through extraordinary courage, time, creative ideas or skills, to improve opportunities for children with retinoblastoma. There is no age limit for nominees.

The award honours individuals or teams (adults and children) who embody humanitarian ideals and qualities in many different ways, for example:

- Establishing a legacy which holds ongoing value and benefit to the global retinoblastoma community.
- Showing unusual courage as inspiration to the global retinoblastoma community.
- Making a significant contribution that alleviates suffering from retinoblastoma, and improves the quality of life for affected children and families.
- Demonstrating, through the scope of work undertaken, a dedication to children affected by retinoblastoma around the world, without regard for personal benefit.

**The Award:** The award recipient(s) will be presented with a certificate acknowledging their commitment to the international retinoblastoma community.

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**Nominations:** Any individual may submit a nomination to Daisy's Eye Cancer Fund by August 20th of each year for consideration by the Awards Committee. Nominations received after the August 20 deadline will be placed on file along with the required documentation for consideration the following year. Nominators may make only one nomination per year. The winner will be announced on September 29 of each year.

**The following documentation must accompany each nomination:**

- A fully completed nomination form
- At least one separate letter of support, highlighting the nominee's humanitarian contribution to world retinoblastoma.
- Other discretionary supporting documentation to substantiate and fully present the character and achievement of the nominee. This may include testimonials, media clippings and photographs.

Please review the guidelines thoroughly while completing the nomination form and add all appropriate documentation. Incomplete nominations will not be considered.

All nominations become the property of Daisy's Eye Cancer Fund and will not be returned, unless specifically requested with a stamped addressed envelope. We may use the submitted materials in the promotion of our mission.

Please complete the nomination form and supporting materials in clear block print.

Please return this form, along with your reasons for nomination, letter(s) of support and any additional information to either the UK or Canadian DECF office by August 20 of the awarding year.

**UK Office**

The Manna House  
73 Boundary Brook Road  
Iffley  
Oxford  
OX4 4AL  
England  
Email: [info@daisyseyecancerfund.org](mailto:info@daisyseyecancerfund.org)

**Canadian Office**

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**Daisy's Eye Cancer Fund**  
A Global Response To Childhood Retinoblastoma

**World Retinoblastoma Citizen Award  
Nomination form (p1)**

Name of Nominator: \_\_\_\_\_  
First name Family Name

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

County/State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home Work Cell Other  
Inc. International and STD codes please circle

Email: \_\_\_\_\_

I hereby nominate for Daisy's Eye Cancer Fund World Retinoblastoma Citizen Award:

Name of Nominee: \_\_\_\_\_  
First name Family Name

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

County/State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home Work Cell Other  
Inc. International and STD codes please circle

Email: \_\_\_\_\_



**Daisy's Eye Cancer Fund**  
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**World Retinoblastoma Citizen Award  
Nomination form (p2)**

**Are you directly involved in the activities of the nominee?** Yes    No

**If so, how?** (e.g. organisation employee, volunteer, service recipient etc).

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**How did you become acquainted with the nominee's work?**

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***Please provide in 1000 words or less, the reasons you propose the nominee, including answers to the following questions:***

- During what period of time has the nominee conducted humanitarian activities for the benefit of the international retinoblastoma community?
- What significant contribution has the nominee made to protect and promote the wellbeing of children affected by retinoblastoma at an international level?
- Who has benefited from the nominee's work?
- What humanitarian leadership for world retinoblastoma has the nominee displayed?
- What accomplishments has the nominee achieved to have inspired others?
- Through what scope of work has the nominee demonstrated a commitment to world retinoblastoma without regard for personal gain or profit?
- What legacy remains as a result of the nominee's commitment to world retinoblastoma?



**Daisy's Eye Cancer Fund**  
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**World Retinoblastoma Citizen Award  
Nomination form (p3)**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
DD-MMM-YY

**Letters of Support**

Letters of Support can come from one or more of the following:

A colleague, besides the Nominator, who is in support of the nominee's humanitarian efforts.

**Or**

An official, leader, representative, etc. of the community(ies) where the nominee's humanitarian efforts are undertaken, well-acquainted to the nominee and who is not affiliated with the nominee's activities.

**Or**

A recipient of the humanitarian enterprise of the nominee.

**Name of Supporter:** \_\_\_\_\_  
First name Family Name

**Organisation:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_

**County/State/Province:** \_\_\_\_\_

**Zip/Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Home Work Cell Other**  
Inc. International and STD codes please circle

**Email:** \_\_\_\_\_

Please return this form to either the UK or Canadian DECF office by August 20.