

## DECLARATION\_NOMINATION FORM

### NOMINEE DETAILS

Name of Nominee:

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Nationality of nominee:

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Email of Nominee:

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### NOMINATED BY

Name:

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Email:

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I hereby declare that I have informed the above-mentioned person about her nomination for the “Her Abilities Award” (global award honouring the achievements of women with disabilities) and that for this purpose the data as specified in this form including health data have been submitted to LIGHT FOR THE WORLD International. Furthermore, I hereby declare that the nominee has asked for participation in the award ceremony and declared its consent to the processing of the data about her disabilities as far as necessary for the award ceremony. For further details about type and scope of data processing I have provided to her the information pursuant to Art 14 GDPR on behalf of LIGHT FOR THE WORLD International (see Annex 1 to this declaration).

With reference to the information pursuant to Art 14 GDPR, I have informed the nominee that she can withdraw her declaration of consent at any time with effect for the future without stating any reasons, either verbally or in writing, by e-mail: [her-abilities@light-for-the-world.org](mailto:her-abilities@light-for-the-world.org) or by telephone +43 1 810 13 00.

I acknowledge that my data are processed in the course of the nomination by Light for the World International, and that I can find further details about the type and scope of data processing in the data protection information of Light for the World International under <https://www.her-abilities-award.org/data-privacy>.

Date:

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Signature:

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