

COCHLEAR FAMILY ACHIEVE AWARD



Application Form

The Cochlear Family Achieve Award celebrates and honours recipients who have overcome challenges associated with hearing loss and are excelling in non-academic pursuits. This award has a broad scope – so whether you are mastering athletic or creative endeavours, or juggling responsibilities and making good things happen, we want to recognise your determination, resilience and unwavering spirit.

Tell us your story of achievement, and the winning story will receive £1500, with a runner-up prize of £500.

Full name: _____

Date of birth: _____

Email address: _____

We will contact you by email regarding your application.

Device type:

- Cochlear™ Nucleus® 8 Sound Processor
- Cochlear™ Nucleus® 7 Sound Processor
- Cochlear™ Nucleus® Kanso® 2 Sound Processor
- Cochlear™ Nucleus® Kanso® Sound Processor
- Cochlear™ Osia® 2 Sound Processor
- Cochlear™ Baha® 6 Max Sound Processor
- Cochlear™ Baha® 5 Sound Processor (incl. Power & SuperPower)
- Other (Please specify) _____

I confirm I am a member of the Cochlear Family

COCHLEAR FAMILY ACHIEVE AWARD

Your story of achievement:

Please tell us your story of achievement and explain why you should win the Cochlear Family Achieve Award.

COCHLEAR FAMILY ACHIEVE AWARD



Activities, awards, or community involvement:

Please tell us about any activities, awards, or community involvement that helps us understand more about your hearing journey or personal goals and ambitions that will support your application:

COCHLEAR FAMILY ACHIEVE AWARD



Winning the Cochlear Family Achieve Award:

Please tell us what winning the Cochlear Family Achieve Award would mean for you and what winning the prize money would enable you to do:

How did you hear about the Cochlear Family Achieve Award?

Supporting document checklist

Please make sure the following information is included with your email application:

- ✓ This completed and signed application form.
- ✓ A photograph that best supports your story submission.
- ✓ A letter of reference. *The referee must not be directly related to you and will have known you for at least two years.*

COCHLEAR FAMILY ACHIEVE AWARD



- I have read and understood the Cochlear Family Achieve Award terms and conditions.
- I attach the completed and signed application form which I understand will not be returned to me.
- I understand my story can inspire others and I agree to sign a media release form provided by Cochlear should I be chosen as the winner or runner-up.

Your personal information is processed in accordance with our Global Privacy Policy available at www.cochlear.com/privacy. If you are unsuccessful in your application, the personal information included in this form will be deleted within six months.

Signature:

Date:

If under 18 years of age, name and signature of parent or legal guardian

Name:

Signature:

***Applications open in January of each year and the deadline is 31st March.
Please download and complete this form, and send together with the supporting documents to ukawards@cochlear.com***

Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

Cochlear, Hear now. And always, Nucleus, Kanso, Baha, Osia, the elliptical logo, and marks bearing an ® or ™ symbol are either trademarks or registered trademarks of the Cochlear group of companies (unless otherwise noted).