
**HELOA Group Spotlight Award 2016/17**

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| Institution |  |
| HELOA Member Name |  |
| HELOA Member Number |  |
| Contact details*Please include an email address and a telephone number* |  |
| HELOA Group represented |  |
| Group Chair approval given | *Name of Chair and confirm approval of submission given* |
| Background | *You might wish to discuss the context of your spotlight submission within your regional group, and why you feel that this gives a ‘shining’ example of best practise to other HELOA regions* |
| Approximate budget | *Please briefly explain how much of your HELOA funds this event / project cost* |
| Innovative features | *Please briefly describe any features that are particularly innovative.*  |
| Impact  | *How has this event / project benefited the members of your HELOA Group moving forward?* |
| Please feel free to provide existing feedback from participants, such as quotes, photos, or articles. |  |
| Please provide a 100-word summary of the Evetnt project which may appear in the Conference programme if shortlisted.  |  |