



**Barbra Schlifer**  
Commemorative Clinic  
Freedom From Violence.



## **The 2020 Spirit of Barbra Schlifer Award Nomination Form**

**Do you know a remarkable woman whose work is focused on improving the lives of women facing violence?**

Barbra Schlifer was an idealistic young lawyer whose life was cut short by violence on the night of her call to the bar of Ontario. In her memory, the Barbra Schlifer Clinic assists more than 7,000 women each year to build lives free from violence through free legal representation, counselling and language interpretation.

Since 2012, the **Spirit of Barbara Schlifer Award** has recognized a woman who makes a demonstrable contribution to improving the lives of women wanting to build lives free from violence. Her work — either through her paid employment, community leadership or volunteering — challenges prejudice toward gender, race, socio-economic status, sexual orientation, geographic isolation/disadvantage, disability and/or religious belief, is recognized for her advocacy in the area of violence against women.

**Did we just describe you, or someone you know?**

In 2019, we recognized Dr Elaine Craig and Sunny Marriner. Throughout their extensive careers, both Elaine and Sunny have played vital roles to shine a light on the experience of women who report sexual violence and to correct systems that allow racism, misogyny, and sexist stereotypes to persist within the justice system.

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**Please consider nominating someone today! "**

**The deadline to receive nominations is March 20, 2020.**

For more information, please contact Meldina Smith, Director of Administration and Resource Development at [msmith@schliferclinic.com](mailto:msmith@schliferclinic.com) or 416-323-2502. Information about the Clinic is available on our website at [www.schliferclinic.com](http://www.schliferclinic.com).

## **NOMINEE INFORMATION**

Name:

Title:

Company:

Business address:

City/Prov.:

Postal Code:

Telephone (business):

Email Address:

### **Nominee Home Information**

Home Address:

City/Prov.:

Postal Code:

Telephone (home):

Telephone (mobile):

Email Address:

Signed consent of the nominee to attend the Barbra Schlifer Clinic Tribute event to have the award conferred, and to participate in the promotion of the event and her award, should she be chosen.

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## **NOMINATOR INFORMATION**

Name:

Title:

Company:

Business address:

City:

Postal Code:

Telephone (business):

Email Address:

## NOMINATION CRITERIA QUESTIONS

1. What impact has your nominee's work, community or volunteer leadership had on women who have survived violence? Please reference one or more of the following in your submission: (total 600 words) **60 points**
  - a. Assisting women who have experienced violence to improve their access to safety;
  - b. Contributing to women's safety through systemic change, such as increased access to justice, improved policy, procedure or legal reform;
  - c. Increasing participation of women who experience or have experienced violence in defining solutions to their situations.

2. What impact has your nominee's leadership had on other women within her firm/organization/corporation/school or the community more generally? **20 points**

3. Give examples of how your nominee:
  - a. Demonstrated a collaborative approach to improving access to safety and justice for women through various disciplines and response systems (e.g. social work, law, settlement services);
  - b. Understands the complexity of gender-based violence and consciously works with the intersections of gender, race, socio-economic status, sexual orientation, geographic isolation/disadvantage, disability and/or religious belief, to assist women. **20 points**

## **SUPPORTING DOCUMENTS**

Nominations may include a 1-3 page letter of introduction and maximum of two additional letters of support (one page each).

**Please return the completed nomination form and supporting documents to:**

Spirit of Barbra Schlifer Award Selection Committee  
c/o Barbra Schlifer Commemorative Clinic  
489 College Street, Suite 503  
Toronto, Ontario, M6A 1A5

By Fax: 416-323-9107

By Email: [msmith@schliferclinic.com](mailto:msmith@schliferclinic.com)