

Nomination Form Australia Day Awards 2019

Please tick ☒ which category your nominee will be nominated for:

- | | | |
|--|--|---|
| <input type="checkbox"/> Citizen of the Year | <input type="checkbox"/> Young Citizen of the Year | <input type="checkbox"/> Community Service Award |
| <input type="checkbox"/> Environmental Award | <input type="checkbox"/> Community Spirit Award | <input type="checkbox"/> Community Event/Activity of the Year |

NOMINEE *(the person you are nominating)* - Please attach a high resolution photo of the nominee

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Organisation/Position (optional)	<input type="text"/>								
Address	<input type="text"/>								
Suburb	<input type="text"/>					Postcode	<input type="text"/>		
Tel (H)	<input type="text"/>		Tel (M)	<input type="text"/>		Tel (W)	<input type="text"/>		
Email	<input type="text"/>								
Age/DOB	<input type="text"/>	Exact	<input type="checkbox"/>	Estimate	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Aboriginal/Torres Strait Islander	<input type="checkbox"/>
In what area has your nominee excelled?	<input type="text"/>								
<input type="text"/>									

Tell us about your nominee: Please provide as much detail as you can and consider the selection criteria. You can attach extra pages and supporting material such as references, biographies, newspaper articles, photos, videos etc.

What is the significant, long term or voluntary contribution of the nominee?

<input type="text"/>
<input type="text"/>
<input type="text"/>

How has the nominee contributed to the community?

<input type="text"/>
<input type="text"/>
<input type="text"/>

How has the nominee contributed to the betterment of the community?

<input type="text"/>
<input type="text"/>
<input type="text"/>

REFEREE: We will call the referee for further information on your nominee.

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Organisation/Position (optional)	<input type="text"/>								
Tel (H)	<input type="text"/>		Tel (M)	<input type="text"/>		Tel (W)	<input type="text"/>		
Email	<input type="text"/>								

NOMINATOR *(your details)*

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Organisation/Position (optional)	<input type="text"/>								
Address	<input type="text"/>								
Suburb	<input type="text"/>					Postcode	<input type="text"/>		
Tel (H)	<input type="text"/>		Tel (M)	<input type="text"/>		Tel (W)	<input type="text"/>		
Email	<input type="text"/>								
Is your nominee:	A family member	<input type="checkbox"/>	Colleague	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other	<input type="text"/>	
Do you wish for your nominee to know you nominated them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					