

# NSW Local (Bingara) Australia Day Awards Nomination Form:

**Please complete in FULL ALL details where applicable**

DETAILS OF THE PERSON/TEAM BEING NOMINATED			
(If a team or group please place in primary contact details)			
Surname		Title	Mr Mrs Miss Ms
Other Names			
Date of Birth		Age	
Email			
Phone No.			
Street Address			
Suburb/Town		Post Code	
Organisation			
Sports Team			
Event			

**The nomination is to be submitted in the category below (please tick one)**

<input type="checkbox"/>	Citizen of the Year
<input type="checkbox"/>	Young Citizen of the Year
<input type="checkbox"/>	Volunteer or Volunteer Team/Group of the Year
<input type="checkbox"/>	Community Event of the Year
<input type="checkbox"/>	Junior Sportsperson of the Year
<input type="checkbox"/>	Senior Sportsperson of the Year
<input type="checkbox"/>	Sports Team of the Year

SIGNIFICANT CONTRIBUTION AND ACHIEVEMENTS
Please note: additional material including photographs, media articles and/or supporting references may be attached.
<b>Please refer to the Guidelines and Criteria document and provide a 400 to 600 word statement that addresses the following criteria....</b>
1. In what role/(s) or area/(s) of service or in their work or studies has the nominee excelled or made a contribution?
2. Describe the nominee's outstanding service.
3. How has the nominee's contribution and/or service benefitted the community?
4. Names of the members of the sports team or group that is being nominated

[illegible]

Referees may be contacted for further information about the nomination.

Surname		Title	Mr Mrs Miss Ms
Other names			
Email		Phone Number	
Street Address			
Suburb/Town		Post code	
Relationship to Nominee			

Surname		Title	Mr Mrs Miss Ms
Other names			
Email		Phone Number	
Street Address			
Suburb/Town		Post code	
Relationship to Nominee			

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<b>REFEREE 3:</b> Full contact details for the referee			
Surname		Title	Mr Mrs Miss Ms
Other names			
Email		Phone Number	
Street Address			
Suburb/Town		Post code	
Relationship to Nominee			

<b>NOMINATION CHECKLIST</b>	
Please use this checklist to ensure that your nomination is complete	
<input type="checkbox"/>	I have read the nomination Guidelines and Criteria
<input type="checkbox"/>	I have addressed all the Selection Criteria
<input type="checkbox"/>	The information provided in this nomination is accurate
<input type="checkbox"/>	Supporting material, including teams list with contact details, references and media are attached

<b>NOMINATOR:</b> Full details of person submitting or completing this nomination			
Surname		Title	Mr Mrs Miss Ms
Other names			
Email		Phone Number	
Street Address			
Suburb/Town		Post code	
Organisation (if any)			
Signature			
Date			