

## **AUSTRALIA DAY AWARDS NOMINATION FORM 2022**

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Office Use Only Records Department	File No:				Document No:		
CATEGORIES							
Please select which	h category	you are no	ominatir	ng for:		<b>\</b>	
☐ Citizen of the Y	ear (aged 2	25 years or	older or	n 26 January	y 2022)		**
☐ Young Citizen o	f the Year	(aged 15 to	o 24 yea	rs on 26 Jan	uary 2022)		* * *
☐ Community Eve	ent of the `	<b>Y</b> ear					*
					• • •	ours, achievements a	and contributions towards
the development a	ind progre	ss of local o	commun	ities within	Buloke Shire.		
NOMINEE				Othern			
☐ Mr ☐ Mrs	☐ Ms	☐ Miss	☐ Dr	Other:			
Surname:					Given Name:		
Address:							
Telephone:						Date of Birth:	
Organisation:  If applicable							
Email:					Is the nomi	inee aware that they	have been nominated Yes
NOMINATOR							
Name:							
Address:							
Email:							
Telephone:							
As nominator, I u	understand	that I will b	e invited	to attend th	e awards ceremony, a	along with the above I	nominee.
ELIGIBILITY A	ND CONE	ITIONS					
- Nominees must be			utions to Bu	ıloke Shire Cour	ncil.		
<ul> <li>Nominations must</li> <li>The decision of the</li> </ul>	•	•			0 01	no correspondence will be e	entered into regards
to its decisions.			_			·	-
- All nominees must	be aware tha	t they have bee	en nominate	ed prior to subm	nitting this form.	nformation from the nomin	ator.
		-		•	dered for the following year tion Ceremony to be held p		
				•	·	•	ive and collaborative achievement/s.
To be signed by no	ominator:	I confirm ti	hat the i	nformation	contained within th	is nomination is accu	urate

Signature:



## **AUSTRALIA DAY AWARDS NOMINATION FORM 2022**

In what role(s) or area(s) has the nominee excelled or made a contribution? (e.g voluntary community service, sporting, academic or career achievements?)						
Please describe the nominee's outstanding service or positive contribution:						
How has the nominee's contribution and/or service benefited the community?						



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Has the work been undertaken on a volunteer or paid basis? How is the nominee an inspirational role model of the community? **REFEREE DETAILS:** Referee Name: Referee Address: Referee Phone: Please attach any supporting documents with your application. **LODGEMENT INFORMATION** Please lodge completed form by one of the following options: In Person: (**A** Mail: Wycheproof - 367 Broadway, Wycheproof **Buloke Shire Council** Po Box 1, Wycheproof Vic 3527 Email: buloke@buloke.vic.gov.au