

## **AUSTRALIA DAY AWARDS NOMINATION FORM 2024**

| Office Use Only<br>Records Department   | File No:  | Document No:                              |   |
|---|---|---|---|
| CATEGORIES  |   |   |   |
| ☐ Citizen of the Year ☐ Young Citizen or ☐ Community Every These awards will be | h category you are nominating for: ear (aged 25 years or older on 26 January f the Year (aged 15 to 24 years on 26 Jan ent of the Year be judged on individual/community grou nd progress of local communities within | uary 2024)<br>o, personal endeavours, ach | * * * ievements and contributions towards |
| NOMINEE   | p. ob. co.  |   |   |
| ☐ Mr ☐ Mrs  | ☐ Ms ☐ Miss ☐ Dr Other:   |   |   |
| Surname:  |   | Given Name:                               |   |
| Address:  |   |   |   |
| Telephone:  |   | Date                                      | of Birth:                                 |
| Organisation:   |   |   |   |
|   |   |   |   |
| Email:  |   | Is the nominee awa                        | re that they have been nominated ☐Yes     |
| Email:<br>NOMINATOR   |   | Is the nominee awa                        | re that they have been nominated ☐Yes     |
|   |   | Is the nominee awa                        | re that they have been nominated □Yes     |
| NOMINATOR   |   | Is the nominee awa                        | re that they have been nominated □Yes     |
| NOMINATOR Name:   |   | Is the nominee awa                        | re that they have been nominated □Yes     |
| NOMINATOR Name: Address:  |   | Is the nominee awa                        | re that they have been nominated □Yes     |
| NOMINATOR  Name: Address: Email: Telephone:                                     | ınderstand that I will be invited to attend th  |   |   |
| NOMINATOR  Name: Address: Email: Telephone:                                     | understand that I will be invited to attend th  |   |   |

**To be signed by nominator:** *I confirm that the information contained within this nomination is accurate* 

Date:

Signature:



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| 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?) |  |  |  |
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| Please describe the nominee's outstanding service or positive contribution:   |  |  |  |
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| Have been the manning all contribution and /an complete han after a the community of  |  |  |  |
| 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: (**T**) Mail: Wycheproof - 367 Broadway, Wycheproof

**Buloke Shire Council** 

Wycheproof Vic 3527

Email: buloke@buloke.vic.gov.au

Po Box 1,