# Closing Date for Nominations – Last week in July

# Important information about completing this form:

Save form to your computer, add the required information (highlighted in YELLOW) save again, then email to seniorsofexcellencent@gmail.com.

**Make sure you place a read receipt on your email.**

**Note: Please read this nomination form carefully before completing all details.**

Your nomination will be based upon but not limited to, the information pertaining to the **significant voluntary activities** that the nominee has undertaken within the community including community service organisations, charities, other community groups or foundations; significantly attending to the welfare of others less well off or in times of need; acts of valour or humanitarianism and more. Such activities would include those current as well as those of past years.

**Principal Requirements:**

* Your Nominee must be 65 years of age or older at the time of Nominations Closing. A date of birth is mandatory.
* Please ensure your nomination is based on the voluntary work that he/she has contributed to the Northern Territory community in which he/she resides.
* A seconder to your nomination is mandatory. The names of other supporters may be included. Addresses/Emails/Phone Numbers required.
* Attach any documents pertaining to/supporting your nomination, to this form. The more information you provide, the easier it is for us to determine the validity of your nomination. We thank you for your support.

# Information about the person you are NOMINATING Mandatory

|  |  |
| --- | --- |
| **Date of this nomination:**For inclusion in the current round of awards |  |
| **Full Name of the person you are nominating:** |  |
| **Nominee’s date of birth:** |  |
| **Nominees postal address:***Address Line 1:**Address Line 2:* *Post Code:* |  |
| **Nominee’s email address:** |  |
| **Nominee’s mobile phone number:** |  |
| **Nominee’s telephone number:** |  |

**Additional Nominee Information:**

On a separate sheet/s, please attach a ‘detailed’ biography of your Nominee’s voluntary work within the community in which he/she resides or has resided in the NT and the approximate years/dates of those activities. Note that, subject to validation, this information may form part of the awards ceremony or be included in Seniors of Excellence NT Inc publications. **Mandatory**

|  |
| --- |
| **Biography Attached**  |[ ]

**Information about you as the NOMINATOR Mandatory**

|  |  |
| --- | --- |
| **Your full name as the Nominator:** |  |
| **Your postal address:***Address Line 1:**Address Line 2:* *Post Code:* |  |
| **Your email address:** |  |
| **Your mobile phone number:** |  |
| **Your telephone number:** |  |

**Information about the person that has SECONDED this Nomination Mandatory**

|  |  |
| --- | --- |
| **Full name of the Seconder:** |  |
| **Seconder’s postal address:***Address Line 1:**Address Line 2:* *Post Code:* |  |
| **Seconder’s email address:** |  |
| **Seconder’s mobile phone number:** |  |
| **Seconder’s telephone number:** |  |

**Information about other supporters of this nomination**

If there are other supporters of this nomination, please attach their details:

|  |  |
| --- | --- |
| **Details of other supporters attached?** | **Yes** [ ]  **No** [ ]  |

**Lodgement instructions:**

When you have completed this document, please email it and all attachments to: seniorsofexcellencent@gmail.com

Alternatively, you may post it and all attachments to:

The Secretary, Seniors Of Excellence NT Inc. P.O. Box 40561 Casuarina NT 0811

# Contact information and queries:

If you are unsure of any aspect of your proposed nomination, please contact us at: seniorsofexcellencent@gmail.com

Or contact our president, Michael Foley OAM, on 0438279244

***Note:*** *Unless indicated above, the information provided on this form will not be used/or shared by Seniors Of Excellence NT Inc without the express permission of those named on this document. You will be contacted when your nomination has been received and scrutinized.*

**Thank you for your valued nomination.**

***For office use only***

|  |  |
| --- | --- |
| ***Date nomination received:*** |  |
| ***All required attachments received?***  |  |
| ***Applicable awards ceremony date:*** |  |
| ***Notes:*** |  |