**Seniors of Excellence NT Inc** Est. 2014

 **Insert Year (e.g 2020) \_\_\_\_\_\_\_\_\_\_\_\_ Award Nomination Form**

**Closing Date For Nominations – Last week in July**

**For Awards Ceremony Date**(to be advised when processing your Nomination)

# Instructions

Save form to your computer, add the required information (highlighted in YELLOW) save again, then email to seniorsofexcellence@bigpond.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 he/she 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 valor 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 Nos 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 you’re 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 :**

**Postal Address:**

 **Post Code:**

**Email Address of your Nominee:**

**Mob Ph:**

**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 year dates of those activities: Mandatory**

**Information about you as the Nominator (Mandatory)**

**Your Full Name as the Nominator:**

**Your Postal Address:**

**Post Code:**

**Your Telephone No: Mobile Ph:**

**Your Email Address:**

**Information about the person that has Seconded this Nomination (Mandatory)**

 **Full name of your Seconder:**

**His/Her address:**

**Post Code:**

**Telephone Mobile Ph:**

**Email Address:**

**Attach details of other supporters.**

**When you have completed this document, please email it and all attachments to:** seniorsofexcellence@bigpond.com

**You may also post it and all attachments to:**

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

***Note:*** *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.

**If you are unsure of any aspect of your proposed nomination, please contact us at:** **seniorsofexcellence@bigpond.com**

**Or mobile phone contact: Michael Foley OAM, President - 0438279244**

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