



GOULBURN MULWAREE AWARD

NOMINATION FORM



TELL US ABOUT YOURSELF	
Title (Mr, Mrs, Ms, Dr, Prof, etc.)	
Given name (s)	
Family name	
Primary phone number	
Secondary phone number	
Email address	
Position	
Business / Organisation name	
Postal address	
Suburb	
State	
Postcode	
TELL US ABOUT THE PERSON YOU ARE NOMINATING <i>(Continued)</i>	
Title (Mr, Mrs, Ms, Dr, Prof, etc.)	
Given name (s)	
Family name	
Primary phone number	
Secondary phone number	
Email address	



TELL US ABOUT THE PERSON YOU ARE NOMINATING (Continued)

Position	
Business / Organisation name	
Postal address	
Suburb	
State	
Postcode	

PREVIOUS HONOURS AND AWARDS

Please provide details if the nominee holds any awards and any qualifications from a professional body or tertiary institution.

ACTIVITIES UNDERTAKEN BY THE NOMINEE

In this section please set out what the nominee has done and why you think they should be recognised. Tell us what you know and what you think is particularly noteworthy about your nominee's service and achievements.

You can include:

- What they have done to make things better for others
- The period of time, or dates of service (if known)
- Examples of how they have demonstrated outstanding qualities
- Evidence of other awards or recognition received by the nominee

You can attach documents or other records to support your nominee's service and / or achievements.

HOW DO YOU KNOW THE PERSON YOU ARE NOMINATING?



IN A COUPLE OF SENTENCES PLEASE EXPLAIN WHY YOUR NOMINEE SHOULD BE RECOGNISED WITH AN AWARD

PLEASE OUTLINE YOUR NOMINEE'S SERVICE. WHAT ROLES HAVE THEY UNDERTAKEN AND WHEN DID THEY UNDERTAKE THIS SERVICE? *(if known)*



PLEASE PROVIDE ANY ADDITIONAL COMMENTS ON YOUR NOMINEE'S SUITABILITY FOR AN AWARD

REFEREES

Please provide details of up to four referees, we may contact the referees to obtain comments regarding the nominee.

Please note:

The ideal referee is someone that has had close involvement with the nominee in the course of their service or is able to comment directly on the nature and impact of their achievements.

REFEREE ONE:

Title (Mr, Mrs, Ms, Dr, Prof, etc.)	
Given name (s)	
Family name	
Business / Organisation name	
Position	
Phone number	
Secondary phone number	
Email address	
Connection to nominee	



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REFEREE TWO:	
Title (Mr, Mrs, Ms, Dr, Prof, etc.)	
Given name (s)	
Family name	
Business / Organisation name	
Position	
Phone number	
Secondary phone number	
Email address	
Connection to nominee	
REFEREE THREE:	
Title (Mr, Mrs, Ms, Dr, Prof, etc.)	
Given name (s)	
Family name	
Business / Organisation name	
Position	
Phone number	
Secondary phone number	
Email address	
Connection to nominee	
REFEREE FOUR:	
Title (Mr, Mrs, Ms, Dr, Prof, etc.)	
Given name (s)	
Family name	
Business / Organisation name	
Position	
Phone number	
Secondary phone number	
Email address	
Connection to nominee	

Providing your signature confirms that all information provided on this form is accurate and true.

Signature:

Date:

Upon completion of this form, please forward:

BY MAIL:

Goulburn Mulwaree Council
Office of the Mayor
Locked Bag 22
Goulburn NSW 2580

DECLARATION FOR ONLINE SUBMITTERS:

Checking this box forms your signature and confirms that all information provided on this form is accurate and true.

FORWARD BY EMAIL

Council@goulburn.nsw.gov.au

Or alternatively nominations can be left with the Goulburn Mulwaree Council's Customer Service Team located at 189 Bourke Street Goulburn.



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