

- SHOALHAVEN -  
**AUSTRALIA DAY AWARDS  
NOMINATION FORM**  
**24 JANUARY 2019**



- RECOGNISING OUR -  
**UNSUNG HEROES**

**City Administrative Centre** Bridge Road, Nowra, NSW, Australia, 2541

**Address all correspondence to:** The General Manager, PO Box 42, Nowra, NSW, Australia, 2541 I DX 5323 Nowra  
council@shoalhaven.nsw.gov.au I www.shoalhaven.nsw.gov.au I Phone: (02) 4429 3111 I Fax: (02) 4422 1816

As part of the Australia Day Celebrations for 2019, Shoalhaven City Council in conjunction with the Australia Day Council NSW will be presenting two categories of Citizen Awards to residents of the Shoalhaven City area. The aim of the awards are to recognise outstanding contributions to the local community during 2018.

**Nominees will be assessed on the basis of information provided in this nomination form and attachments. Nominators are asked to take care in completing this form and are encouraged to provide complete and accurate information about the nominee.**

**Which Category are you nominating for:**

<input type="checkbox"/> <b>Citizen</b> (25 Years & Over) <input type="checkbox"/> <b>Young Citizen</b> (24 Years & Younger)	<input type="checkbox"/> <b>Outstanding Emerging Artist</b> <i>Open to artists of any age, practising any art form including writer, visual/digital artist, performer etc</i>
<input type="checkbox"/> <b>Sports Person</b> (19 Years & Over) <input type="checkbox"/> <b>Junior Sports Person</b> (18 Years & Younger)	<input type="checkbox"/> <b>Outstanding Contribution to Arts &amp; Culture</b> <i>Open to both artists and non-artists contributing to the arts in any capacity</i>
<input type="checkbox"/> <b>Outstanding Contribution to the Environment</b> <i>Highlights nominees who have made an outstanding contribution to the environment within the Shoalhaven</i>	<input type="checkbox"/> <b>Outstanding Contribution to an Inclusive Shoalhaven</b> <i>This category acknowledges nominees who have made an outstanding contribution to making the Shoalhaven a more inclusive community for people of all abilities, ages and/or culture</i>

**1. Notes to Assist in Completing this Form**

**How to Enter**

- Nomination Form must be signed by the Nominator.
- Please provide any information (maximum 10 Pages) or other documentation that may support this nomination.
- Forward the signed Nomination Form and any attachments to the:

**Governance Unit, Shoalhaven City Council,  
PO Box 42, Nowra NSW 2541**

or via email to: council@shoalhaven.nsw.gov.au

Closing Date Nominations must be received at the above address **by 5.00 pm on Friday 30 November 2018.**

**Eligibility**

- Only individuals may be nominated. The nomination of a club or association or any other organisation will not be accepted.
- Nominees are those that have made significant contributions to the city.
- Persons who have previously been nominated but have not been awarded a Shoalhaven Medal or Australia Day Award in that category are eligible to be nominated again.

- Individuals cannot nominate themselves.

- Individuals, associations or clubs may nominate a Candidate.

**Assessment**

Entries will be considered by the Judging Panel whose decision will be final and no correspondence will be entered into. The judging panel will be looking not only at the length or value of service but also the quality of the service, including individual acts of compassion, generosity, bravery, ingenuity, creativity or professional accomplishments. Should a Nomination be received which is better suited to a different category, the Panel reserves the right to reassign the nomination to the more suitable category.

**Information to Include**

Please list specific details and examples. Generalised statements such as "the Nominee is community minded" or "the Nominee is willing to offer assistance whenever needed" may be true; however they do not provide enough relevant information.

**2. Signature of Nominator**

I hereby declare that the information contained in this nomination regarding the Nominee is, to my knowledge, true and accurate. The nominee has the right to access information and subsequent information provided as part of this nomination. Information provided within this nomination may be publicised in the media. The nominee may be called upon to respond to the media.

Signed:..... Date:.....

**3. Details of Nominee**

Mr /Mrs /Miss /Ms Surname:..... Given Name: .....

Current place of Residence: .....

Postal Address (if different from above): .....

Email: ..... Phone: ..... Age at 26 January 2018: .....

Does the nominee permanently live in the Shoalhaven? Yes ☐ No ☐

**OFFICE USE ONLY**

Form Number: 888	Issue Date: 8/2018
Version Number 3	Next Review date:

**4. PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS**

**Why do you believe this nominee should receive an Australia day Award?**

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**For how many years has the nominee been involved in their chosen field?**

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**Describe the nominee in one paragraph;**

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**What impact or contribution did the actions of the nominee have on the community over the years?**

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**How is the nominee an inspirational role model for their community?**

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**Achievements and/or Awards the nominee has received (e.g. highest sporting achievement)**

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**Provide examples of how the nominee has enhanced the image of the Shoalhaven?**

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**4. CONTINUED**

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Provide examples of how the nominee has gone “above and beyond” for their chosen field/community?

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Provide additional information or other documentation that may support this nomination. (Max 10pgs - See pg 1)

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**5. Details of Nominator**

Mr /Mrs /Miss /Ms Surname:..... Given Name: .....

Organisation (If applicable): .....

Postal Address: .....

Email: ..... Phone: ..... Age at 26 January 2018: .....

Nature of the relationship with nominee e.g. Business, personal etc : .....

Referee's/persons who can verify contributions or service of the nominee: .....

Name: ..... Phone: .....

Name: ..... Phone: .....

**How did you hear about the Australia Day Awards? (Please tick)**☐ **Social Media**☐ **Radio**☐ **Website**☐ **Councillor/s** .....☐ **CCB e-newsletter**☐ **Word of Mouth**☐ **Other** (Please Specify) .....