

TORRES SHIRE COUNCIL



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NOMINATION FORM 2019 AUSTRALIA DAY AWARD

ACHIEVEMENT CERTIFICATE

ACHIEVEMENT – SPONSOR – APPRECIATION – PARTICIPATION

Nominate a person who has made a significant contribution to his/her community or have exceptional achievements in the following:

(Please tick one box ONLY)

Nomination for:		ACHIEVEMENT
		SPONSOR
		APPRECIATION
		PARTICIPATION
DECLUDED DETAILS OF AW	* Full Name m	ORTANT must be spelt correctly
REQUIRED DETAILS OF AW Surname:		ristian Name:
Residential Address:		
Mobile No	Phone (W	W):(H)
Date of Birth:	Marital Status:	Cocupation:
2. Information will be conside	ered for decision	his person is to receive this Award. a along with other applicants pporting his/her achievements for this nomination.

PERSONS WHO MAY	BE CONTACTED FOR FURTHER INFORMATION ABOUT NOMINEE
Name	Phone or Mobile No.
Name	Phone or Mobile No.
	Phone or Mobile No.
TO BE COMPLETED E	BY PERSON SUBMITTING NOMINATION
	BY PERSON SUBMITTING NOMINATION
Mr / Mrs / Miss / Ms	
Mr / Mrs / Miss / Ms Email address:	
Mr / Mrs / Miss / Ms Email address:	
Mr / Mrs / Miss / Ms Email address: Address: Organisation represen	ted (if any):
Mr / Mrs / Miss / Ms Email address: Address: Organisation represen	
Mr / Mrs / Miss / Ms Email address: Address: Organisation represen Phone (W):	ted (if any):
Mr / Mrs / Miss / Ms Email address: Address: Organisation represent Phone (W): Signature:	Ited (if any):(Mobile)(Mobile)
Mr / Mrs / Miss / Ms Email address: Address: Organisation represen Phone (W): Signature:	Ited (if any):(Mobile)(Mobile)

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THURSDAYISLAND

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