



# TORRES SHIRE COUNCIL



## NOMINATION FORM

### 2021 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

### **IMPORTANT**

**Full Name must be spelt correctly**

### **REQUIRED DETAILS OF AWARD RECIPIENT**

Surname: \_\_\_\_\_ Christian Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

email address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Phone (W): \_\_\_\_\_ (H) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

- 1. Reasons must be written below as to why this person is to receive this Award.**
- 2. Information will be considered for decision along with other applicants**
- 3. If available, please include attachments supporting his/her achievements for this nomination.**

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Also list details when and where achievements were performed or the occasion when the Nominee was involved.

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**PERSONS WHO MAY BE CONTACTED FOR FURTHER INFORMATION ABOUT NOMINEE**

Name \_\_\_\_\_ Phone or Mobile No. \_\_\_\_\_

Name \_\_\_\_\_ Phone or Mobile No. \_\_\_\_\_

Name \_\_\_\_\_ Phone or Mobile No. \_\_\_\_\_

**TO BE COMPLETED BY PERSON SUBMITTING NOMINATION**

Mr / Mrs / Miss / Ms \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Organisation represented (if any): \_\_\_\_\_

Phone (W): \_\_\_\_\_ (H): \_\_\_\_\_ (Mobile) \_\_\_\_\_

Signature: \_\_\_\_\_

Please hand your completed form to Council's Receptionist by **12 noon, Tuesday 8 December 2020** addressed in an envelope to -

Mrs. Dalassa Yorkston  
Chief Executive Officer  
(2021 Australia Day Nomination)  
TORRES SHIRE COUNCIL  
68 Douglas Street  
THURSDAY ISLAND

Phone: 07 40691336 Fax: 07 40691845

**All detailed information requested in this form must be completed before any decision can be made**