

**2019 NSW Seniors Local Achievement Awards**

**Nomination Form**

Please return completed nomination form to:

**Jodi McKay MP**

Strathfield Electorate Office

**Suite 2, 36-38 Victoria Street**

**BURWOOD NSW 2134**

Nominations close at **5pm on Friday, 8 February 2019.**

Late nominations will not be accepted. Please print clearly and complete all sections.

1. **Are you nominating (please indicate using an ‘x’)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | An individual |  | An organisation |

**2. Please provide details of who you are nominating**

|  |  |  |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Age: | Position Title: | Name of organisation (if applicable)­: |
| Telephone (daytime): | | Mobile: |
| Email: | | |
| Home Address: | | |
| Postal address (if different from home address): | | |

Name to appear on certificate, if different from above

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|  |

What is the nominee’s state electorate? Don’t know? To find out please visit

[www.streetlist.elections.nsw.gov.au](http://www.streetlist.elections.nsw.gov.au)

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| --- |
|  |

**3. Please supply your contact details**

|  |  |  |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Telephone (daytime): | | Mobile: |
| Email: | | |
| Home Address: | | |
| Postal address (if different from home address): | | |

**4. State reasons why you have nominated this person or organisation**

What is your relationship to the individual or organisation?

Word limit (100 words) \*attach additional paper if required

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What achievements or contributions has the nominee made to their chosen field or the community? Word limit (250 words) \*attach additional paper or references if required

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**5. Declaration by the nominator**

I declare, to the best of my knowledge, the information provided is true and correct

I have informed the individual or organisation of this nomination

|  |  |
| --- | --- |
| First name: | Surname: |
| Signature: | Date­: |