

Nomination Form B for Active Citizenship (Group/Event)

For Individual categories, request **Nomination Form A** from your council.

*NOTE: all fields marked with * are mandatory.*



1. GROUP/EVENT REPRESENTATIVE DETAILS

GIVEN NAME*

FAMILY NAME*

EMAIL*

GROUP/EVENT NAME*

EMAIL*

PHONE

ADDRESS *(If you do not know the address, please simply include the City, State and Postcode)*

CITY*

POSTCODE*

2. WHICH ORGANISATION(S) HAS THE NOMINEE BEEN MOST INVOLVED IN? *(E.g. St John WA)*

3. IS IT A GROUP OR EVENT? *

EVENT (Do NOT answer Part D)

GROUP (Do NOT answer Part C)

PART C: WHAT TYPE OF EVENT IS IT? * *Check all that apply.*

- Advocacy for Social Inclusion
- Cultural Diversity Celebration
- Fundraising Event
- Mental Health Awareness Event
- Sports and Recreation Program
- Youth Mentoring Program
- Other (please specify): _____

PART D: WHAT TYPE OF GROUP IS IT? *

- Community group or association
- For-profit business
- Government agency
- Nonprofit or charitable organisation
- Religious or faith-based
- organisation Social enterprise

4. REASONS FOR NOMINATION * *Please attach additional information if required.*

REASONS FOR NOMINATION (CT'D)*

5. HOW HAS THE NOMINEE DEMONSTRATED ACTIVE CITIZENSHIP AND ENHANCEMENT OF COMMUNITY LIFE? *

Please attach additional information if required.

6. HOW HAS THE NOMINEE'S CONTRIBUTION BEEN RECOGNISED ELSEWHERE?

Please attach additional information if required.

7. IN WHICH FIELD/SECTOR(S) HAS THE NOMINEE MADE THE MOST SIGNIFICANT CONTRIBUTIONS? *

Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Financial support and services | <input type="checkbox"/> Multicultural interests |
| <input type="checkbox"/> Business and entrepreneurship | <input type="checkbox"/> Government and public service | <input type="checkbox"/> Sports and recreation |
| <input type="checkbox"/> Education and academia | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Youth engagement and development |
| <input type="checkbox"/> Emergency services | <input type="checkbox"/> Indigenous affairs and reconciliation | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Environmentalism and conservation | <input type="checkbox"/> Mental Health | _____ |

8. HOW DID YOU HEAR ABOUT THE AWARDS? * Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> www.citizenshipawards.com.au | <input type="checkbox"/> 9News Perth social media | <input type="checkbox"/> Radio commercial |
| <input type="checkbox"/> Auspire Facebook | <input type="checkbox"/> 9news.com.au/WesternAustralia | <input type="checkbox"/> WAToday |
| <input type="checkbox"/> Auspire Instagram | <input type="checkbox"/> nine.com.au | <input type="checkbox"/> Previous nominator |
| <input type="checkbox"/> Local council social media | <input type="checkbox"/> www.6pr.com.au | <input type="checkbox"/> Previous award recipient |
| <input type="checkbox"/> Local council website | <input type="checkbox"/> TV commercial | <input type="checkbox"/> Other (please specify below) |
- _____

9. NOMINATOR (Your details)

GIVEN NAME*

FAMILY NAME*

PHONE

EMAIL*

I would like to remain anonymous to the nominee.

10. REFEREE/ALTERNATE PERSON

Please include anyone that may be able provide additional information to support this nomination. Provide a name along with a contact email or number.

Referee 1 (name and email/number)

Referee 2 (name and email/number)

I agree to give permission to The Australia Day Council of Western Australia to submit this nomination to other recognition programs such as the Australian of the Year Awards.

Submit your nomination to your local council by 31 October 2023

Presented by:



Australia Day
Council of
Western Australia

Principal Partner:



Government of Western Australia
Department of Communities

Media Partners:



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