

Nomination Form A for Individual Categories:

- Community Citizen of the Year
- Young Community Citizen of the Year (16 - 30 years)
- Senior Community Citizen of the Year (65 years or over)



For the Active Citizenship (Group/Event) Category, request **Nomination form B** from your council.

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

1. NOMINEE DETAILS *(The person you are nominating)*

GIVEN NAME*

FAMILY NAME*

AGE

PHONE

EMAIL*

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

CITY*

POSTCODE*

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

3. REASONS FOR NOMINATION - How has the nominee made a significant contribution to the local community *

This may include specific examples of volunteer work, including establishing or running community initiatives, charity fundraising, advocacy efforts, or other ways in which the nominee has positively impacted the community. Be sure to highlight any unique or innovative approaches they have taken to address community needs or challenges.

Please attach additional information if required.

4. HOW HAS THE NOMINEE DEMONSTRATED ACTIVE CITIZENSHIP, LEADERSHIP ON A COMMUNITY ISSUE AND ENHANCEMENT OF COMMUNITY LIFE? *

This may include volunteering, community involvement, leadership roles, and any other ways in which the nominee has actively worked towards improving their local community.

Please discuss their inspiring qualities as a role model.

Please attach additional information if required.

5. HOW HAS THE NOMINEE’S CONTRIBUTION BEEN RECOGNISED ELSEWHERE?

Please attach additional information if required.

6. HOW DO YOU KNOW THE PERSON YOU ARE NOMINATING? *

- Friend
- Family member
- Colleague
- Someone in my community
- I don't know them but they're someone I admire

7. WHAT IS THE NOMINEE'S SEX?

- Female
 - Male
 - Prefer not to say
 - Other (you *may* specify below)
-

ADDITIONAL INFORMATION
We appreciate you completing the following information as it is important to help us ensure that everyone in the community is provided an opportunity for inclusion and recognition.

IN WHICH COUNTRY WAS THE PERSON BORN? *

WHAT LANGUAGE(S) DOES THE PERSON SPEAK AT HOME? *

IS THE PERSON OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? *

WHAT IS THE PERSON’S ANCESTRY? *(E.g., Scottish, English, etc.)

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

Check all that apply.

- Arts and Culture
 - Business and entrepreneurship
 - Education and academia
 - Emergency services
 - Environmentalism and conservation
 - Financial support and services
 - Government and public service
 - Healthcare
 - Indigenous affairs and reconciliation
 - Mental Health
 - Multicultural interests
 - Sports and recreation
 - Youth engagement and development
 - Other (please specify below)
-

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

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

10. NOMINATOR *(Your details)*

GIVEN NAME*

FAMILY NAME*

PHONE

EMAIL*

I would like to remain anonymous to the nominee.

11. 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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