## 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.





We're all part of the story

## 1. GROUP/EVENT REPRESENTATIVE DETAILS

GIVEN NAME*	FAMILY NAME*	EMAIL*				
GROUP/EVENT NAME*	EMAIL*	·	PHONE			
ADDRESS (If you do not know to	he address, please simply include the	e City, State and Postcode)	CITY*	POSTCODE*		
		<u> </u>				
3. IS IT A GROUP OR EVEN  EVENT (Do NOT answer Pa		DT answer Part C)				
PART C: WHAT TYPE OF EVENT	IS IT? * Check all that apply.	PART D: WHAT TYPE OF GRO	OUP IS IT? *			
☐ Advocacy for Social Inclusion		☐ Community group or association				
☐ Cultural Diversity Celebration		☐ For-profit business				
☐ Fundraising Event		☐ Government agency				
-		☐ Nonprofit or charitable	organisation			
☐ Mental Health Awareness E	vent	☐ Religious or faith-based				
☐ Sports and Recreation Progr	ram	☐ organisation Social enterprise				
☐ Youth Mentoring Program						
☐ Other (please specify):						

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

Nominees for the group/event award category must demonstrate community engagement and meet **any or all** of the following criteria:

- Group/event that creates community engagement.
- Group/event that creates initiatives for new employment.
- Created significant initiative that brought positive change.

REASONS FOR NOMINATION (CT'D)*							
5. HOW HAS THE NOMINEE'S CONTRIBUTION BEEN RECOGNISED ELSEWHERE?  Please attach additional information if required.							

	which field/Sector(S) has all that apply.	THE NO	OMINEE MADE THE MOST SIGNIFIC	ANT CO	NTRIBUTIONS? *
	Arts and Culture		Financial support and services		Multicultural interests
	Business and entrepreneurship		Government and public service		Sports and recreation
	Education and academia		Healthcare		Youth engagement and developmen
	Emergency services		Indigenous affairs and reconciliation		Other (please specify below)
	Environmentalism and conservation		Mental Health		
7. H	OW DID YOU HEAR ABOUT THI	E AWA	RDS? * Check all that apply.		
	www.citizenshipawards.com.au		9News Perth social media		Radio commercial
	Auspire Facebook		9news.com.au/WesternAustralia		WAToday
	Auspire Instagram		nine.com.au		Previous nominator
	Local council social media		www.6pr.com.au		Previous award recipient
	Local council website		TV commercial		Other (please specify below)
8. N	OMINATOR (Your details)			_	
GIVE	N NAME*	FAMIL	'NAME*		
РНО	NE	EMAIL*			
I v	vould like to remain anonymous to th	e nomir	ee.		
9. F	REFEREE/ALTERNATE PERSON	•			
	ase include anyone that may be able p uil or number.	orovide d	dditional information to support this nom	ination. P	rovide a name along with a contact
Ref	eree 1 (name and email/number)				
Refe	eree 2 (name and email/number)				
	I agree to give permission to The Aus programs such as the Australian of the		y Council of Western Australia to submit t Awards.	his nomina	ation to other recognition

Submit your nomination to your local council by 31 October 2023

Presented by:



Principal Partner:





Media Partners:



