* **Nominations open on 1 September and close on 31 October.**
* **Nominations received after the closing date will be ineligible for this year’s awards.**

# NOMINEE

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Title *(Mr/Mrs/Ms/Other)* | First Name Surname |
|  |
| Group Name*(if applicable)* |  |
| Phone |  Mobile |  Email |
| Age |  |
| Street Address |  |
| Address Line 2 |  |
| City |  | State |  | Postcode |  |

### Reason for Nomination

**Reason for nomination - How has the person/organisation contributed to the community?**

*Please try to provide as much valuable information as possible to provided your nominee with the best chance in the selection process (min. 50 words)*

**How has the nominee’s contribution been recognised elsewhere?**

# NOMINATOR

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Title *(Mr/Mrs/Ms/Other)* | First Name Surname |
|  |
| Group Name*(if applicable)* |  |  |
| Phone |  Mobile |  Email |
| Age |  |
| Street Address |  |
| Address Line 2 |  |
| City |  | State |  | Postcode |  |

### Referee/Alternative Person

*Please include anyone who may be able to provide additional information in support of this application. Name, along with and contact number or email address will suffice.*

**Signature of Nominator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit nomination via email: mail@bayswater.wa.gov.au

or post to:

**Events Team
City of Bayswater
PO Box 467
MORLEY WA 6943**