* **Nominations open on 28 August 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](mailto:mail@bayswater.wa.gov.au)

or post to:

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