

## 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)
- \_\_\_\_\_

<p><b>ADDITIONAL INFORMATION</b></p> <p><i>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.</i></p> <p>IN WHICH COUNTRY WAS THE PERSON BORN? *</p> <p>_____</p> <p>WHAT LANGUAGE(S) DOES THE PERSON SPEAK AT HOME? *</p> <p>_____</p> <p>IS THE PERSON OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? *</p> <p>_____</p> <p>WHAT IS THE PERSON’S ANCESTRY? *(E.g., Scottish, English, etc.)</p> <p>_____</p>
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## 8. 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                         | _____   |

## 9. 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) |
|   |  | _____   |

## 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 2024**

Presented by:



Australia Day  
Council of  
Western Australia

Principal Partner:



Government of Western Australia  
Department of Communities

Media Partners:



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