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.*

Community Citizen of the year Awards

auspire Inspiring Australians

Australia Day Council of Western Australia

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 the address, please simply include the City, State and Postcode)*

CITY*

POSTCODE*

3. IS IT A GROUP OR EVENT? *

☐ EVENT (Do NOT answer Part D)

☐ GROUP (Do NOT answer Part C)

PART C: WHAT TYPE OF EVENT IS IT? * *Check all that apply.*

☐ Advocacy for Social Inclusion

☐ Cultural Diversity Celebration

☐ Fundraising Event

☐ Mental Health Awareness Event

☐ Sports and Recreation Program

☐ Youth Mentoring Program

☐ Other (please specify): _____

PART D: WHAT TYPE OF GROUP IS IT? *

☐ Community group or association

☐ For-profit business

☐ Government agency

☐ Nonprofit or charitable organisation

☐ Religious or faith-based

☐ organisation Social enterprise

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.

6. 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)

_____

7. 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)

_____

8. NOMINATOR *(Your details)*

GIVEN NAME*   FAMILY NAME*

_____

PHONE   EMAIL*

_____

☐ I would like to remain anonymous to the nominee.

9. 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: Principal Partner: Media Partners: