



I/We believe that the person nominated below has contributed exceptional voluntary service to the community of Bega Valley Shire and would be a worthy recipient of Council's Australia Day Citizen of the Year award.

### Nominee's details

Nominee's name

Title  For example Mr, Mrs, Ms, Miss

Surname

First name

Postal address

Street

Town

Postcode

### Nominator details

This nomination  
has been  
submitted by...

Name

Address

Town

Postcode

Daytime phone No.

Mobile No.

Please sign here ▶

Signature

Date

Name

Address

Daytime phone No.

Mobile No.

Please sign here ▶

Signature

Date

## PART 1 Community service

Please list the  
activities or  
organisations  
in which the  
nominated  
person has  
rendered  
community  
service

Activity/organisation (1)

Years of  
service

Details of service

Activity/organisation (2)

Years of  
service

Details of service

## PART 2 Outstanding achievements

Please give details of outstanding achievements by the nominee

Achievement (1)	<input type="text"/>	Date	<input type="text"/>
Details	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Achievement (2)	<input type="text"/>	Date	<input type="text"/>
Details	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

## PART 3 Additional information about the nominee

Please give details of any other community awards received by the nominee

Award (1)	<input type="text"/>
Award (2)	<input type="text"/>
Award (3)	<input type="text"/>

Details of additional supportive information

If insufficient space, please use additional paper

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
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<input type="text"/>

## Referee details

In support of this nomination, I/we offer the following information and nominate the following persons as referees.

Referee's name (1)	Title	<input type="text"/>	For example Mr, Mrs, Ms, Miss
	Surname	<input type="text"/>	
	First name	<input type="text"/>	
Daytime phone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Referee's name (2)	Title	<input type="text"/>	For example Mr, Mrs, Ms, Miss
	Surname	<input type="text"/>	
	First name	<input type="text"/>	
Daytime phone No.	<input type="text"/>	Mobile No.	<input type="text"/>