| Eligibility  |   |
|--|---|
| * indicates a required field   |   |
| Is the Organisation/Group a N O Yes O No The Organisation/Group must be Not                                      |   |
| <ul><li>Does the Organisation/Group</li><li>Yes</li><li>No</li><li>The Organisation/Group must operate</li></ul> |   |
| Nominee  |   |
| * indicates a required field   |   |
| Nominee Details - the Org  | ganisation/Group you would like to nominate   |
|  |   |
| Organisation/Group<br>Name *   | Organisation Name   |
| Organisation/Group<br>Physical Address *   | Address   |
|  | Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.          |
| Organisation/Group<br>Postal Address *   | Address  Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. |
| Organisation/Group<br>Website  | Must be a URL.  |
| Organisation/Group   |   |

The Representative must not be the same as the Nominator

Representative \*

**Representative Position** 

| Representative Phone *       |                             |                           |           |
|------------------------------|-----------------------------|---------------------------|-----------|
|                              | Must be an Australian ph    | one number.               |           |
| Representative Mobile *      |                             |                           |           |
|                              | Must be an Australian ph    | one number.               |           |
| Representative Email *       |                             |                           |           |
|                              | Must be an email address    | S.                        |           |
|                              |                             |                           |           |
| Nominator                    |                             |                           |           |
| * indicates a required field |                             |                           |           |
| Your details - you may be    | contacted for furt          | ther information          |           |
| Applicant *                  | First Name                  | Last Name                 |           |
|                              | The Nominator is the apr    | licant/person completing  | the       |
|                              | nomination form             | meant, person completing  |           |
| Applicant Organisation       |                             |                           |           |
| and Position                 | Complete if relevant to the | ne nomination             |           |
| Applicant Address *          | Address                     |                           |           |
|                              |                             |                           |           |
|                              | Address Line 1, Suburb/T    | own, State/Province, Post | code, and |
|                              | Country are required.       |                           |           |
| Applicant Postal Address     | Address                     |                           |           |
|                              |                             |                           |           |
|                              |                             | own, State/Province, Post | code, and |
|                              | Country are required. Co    | untry must be Australia   |           |
| Applicant Phone *            |                             |                           |           |
|                              | Must be an Australian ph    | one number.               |           |
| Applicant Mobile *           |                             |                           |           |
|                              | Must be an Australian ph    | one number.               |           |
| Applicant Email *            |                             |                           |           |
|                              | Must be an email address    | S.                        |           |

| Referee   |  |           |
|---|--|-----------|
| * indicates a required field  |  |           |
| Referee 1   |  |           |
| This person may be contacted for  | r further information                                      |           |
| Name *  | First Name   | Last Name |
|   |  |           |
| Position/Organisation   |  |           |
| Phone *   |  |           |
|   | Must be an Australian phone nu                             | ımber     |
| Email *   |  |           |
|   | Must be an email address                                   |           |
| Referee 2   |  |           |
| This person may be contacted for  | r further information                                      |           |
|   |  |           |
| Name  | First Name   | Last Name |
| Name  | First Name   | Last Name |
|   | First Name   | Last Name |
| Name Position/Organisation  | First Name   | Last Name |
|   | First Name   | Last Name |
| Position/Organisation   | First Name  Must be an Australian phone nu                 |           |
| Position/Organisation   |  |           |
| Position/Organisation Phone   |  |           |
| Position/Organisation Phone   | Must be an Australian phone nu                             |           |
| Position/Organisation Phone   | Must be an Australian phone nu                             |           |
| Position/Organisation Phone Email   | Must be an Australian phone nu                             |           |
| Phone  Email  Selection Criteria * indicates a required field   | Must be an Australian phone nu<br>Must be an email address | ımber     |
| Position/Organisation Phone Email Selection Criteria  | Must be an Australian phone nu  Must be an email address   | ımber     |
| Position/Organisation  Phone  Email  Selection Criteria  * indicates a required field  Provide information on the way | Must be an Australian phone nu  Must be an email address   | ımber     |

| Must be no more than 150 words.  |
|--|
| Tell us how long the community group/not-for-profit organisation has operated in Glen Eira. *  O 1 - 5 years O 6 - 10 years O 11 - 15 years O 16 - 20 years O over 20 years No more than I response may be selected. |
| Explain how many Glen Eira residents have benefited from this service. *   |
|  |
| Word count:<br>Must be no more than 50 words.  |
| Why should this nominee be recognised as Glen Eira Community Group of the Year? ${}^{\star}$   |
|  |
| Word count:<br>Must be no more than 150 words.   |
| Tell us what community need or priority the Organisation/Group has met in the Glen Eira community ${\color{blue} *}$   |
|  |
| Word count:<br>Must be no more than 150 words.   |
| Identify other recognition, achievements or exceptional service the Organisation/Group has received ${\color{red}^{*}}$  |
|  |
| Word count:<br>Must be no more than 150 words.   |
| Briefly summarise any other information that supports this nomination  |
|  |

| W | ^ | rd | L | _ | n | <br>n | t |  |
|---|---|----|---|---|---|-------|---|--|
|   |   |    |   |   |   |       |   |  |

Must be no more than 150 words. For example specific contributions, services, activities etc.

| IMPORTANT: Please attach supporting media, newspaper clippings, promotiona |  |
|--|--|
| Attach a file:   |  |
|  |  |