Eligibility	
* indicates a required field	
Is the Organisation/Group a N O Yes O No The Organisation/Group must be Not	
Does the Organisation/GroupYesNoThe Organisation/Group must operate	
Nominee	
* indicates a required field	
Nominee Details - the Org	ganisation/Group you would like to nominate
Organisation/Group Name *	Organisation Name
Organisation/Group Physical Address *	Address
	Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Organisation/Group Postal Address *	Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Organisation/Group 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 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: Must be no more than 50 words.
Why should this nominee be recognised as Glen Eira Community Group of the Year? *
Word count: Must be no more than 150 words.
Tell us what community need or priority the Organisation/Group has met in the Glen Eira community ${\bf *}$
Word count: Must be no more than 150 words.
Identify other recognition, achievements or exceptional service the Organisation/Group has received ${\color{red}^{*}}$
Word count: Must be no more than 150 words.
Briefly summarise any other information that supports this nomination

W	^	rd	L	_	n	 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:	