### **Nomination Form**

\* indicates a required field

#### Nominator's details

Organisation *	Organisation Name							
Nominator's Name *	Title First Name Last Name							
Nominator's Position *								
Postal Address *	Address  Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.							
Phone Number *	Please include area code							
Mobile Phone Number *	Must be an Australian phone number.							
Email *								
	This email address will be used to send confirmations and invitations for the Community Awards event to both the organisation and eligible nominated volunteers.							
Date nomination/s minuted at meeting *	Must be a date. It is mandatory that your volunteer recognition nominees are minuted at a meeting before this application is submitted. A copy of your minutes may be requested. ONE Volunteer Recognition nomination form from each community group or organisation will be accepted.							

### Consent

You are required to obtain consent from each of the nominees listed in this application.

Have all of nominees listed in this application consented to their nomination? \*

☐ Yes ☐ No No more than 1 choice may be seen to be each nominee is reconsented.		ontinue with this application	on.						
Nominee's details									
PLEASE READ THE INFORMAT	TION BELOW BEF	ORE YOU CONTINUE W	ITH THIS APPLICATION						
THIS SECTION CAN BE REPEATED UP TO A TOTAL OF 15 TIMES.									
Please note that <b>One</b> Volunt or organisation will be accep			, ,						
To enter each new Nominee	please choose th	ne "Add more" button a	t the bottom of the page						
NOMINEE'S NAME *									
Title First Name	Last Name								
	Farelanteen								
Each nominator can nominate 1	.5 Volunteers.								
Please provide phonetic s will be used to announce event. *									
For example: the first name for	Lidochka Tsaganos	s would be pronounced as	s 'Lee-DAWSH-kah'						
Please provide phonetic s will be used to announce event. *									
For example: the last name for	Lidochka Tsaganos	would be pronounced as	'Sar-gar-nos'						
Nominee's Postal Address	5 *								
Address									
Address Line 1, Suburb/Town, S	tate/Province, Post	code, and Country are re	quired.						
Nominee's Phone *									
Please include area code									
Nominee's Mobile Phone	Number *								
Must be an Australian phone nu	mber.								
Contact Email Address *									

Must be an email address.

Category	, nominate	a tor (seie	ct one only	y) <sup>*</sup>			
○ 500 hours	○ 1,000 hours	○ 2,000 hours	<ul><li>10</li><li>years</li><li>special</li><li>service</li></ul>	<ul><li>20</li><li>years</li><li>special</li><li>service</li></ul>	<ul><li>30</li><li>years</li><li>special</li><li>service</li></ul>	<ul><li>40</li><li>years</li><li>special</li><li>service</li></ul>	<ul><li>50</li><li>years</li><li>special</li><li>service</li></ul>
Please cho	ose only one	category.					
Details o	of service: (	Commence	ment date	of volunt	eer? *		
started in t	date. 'or month unk the year 2000 of service: I	and the day	and month i	s unknown c	hoose 1/1/20		a volunteer
	more than 2 ude the numb	0 0 0 1 1 0 1 0 1 0 1 0 1 0		ours apply to	o a week or a	month.	
Details o	of service: o	describe th	e work th	e voluntee	er provides	your orga	nisation. *
Word cou Must be no	nt: o more than 2	00 characters	S.				

### **Privacy Collection Notice**

Glen Eira City Council (Council) is committed to protecting the personal information provided by you in accordance with the principles of the *Privacy and Data Protection Act* 2014 (Vic) (PDP Act). Personal information is collected by Council only for the purpose of Council's functions set out in the *Local Government Act* 2020 (Vic). Specifically, personal information is collected to register and process applications under the Volunteer Recognition Program 2025 (Program). Personal information will be used solely by Council for that primary purpose or directly related purposes. If this personal information is not collected, Council will be unable to process this application. In certain circumstances, we may disclose personal information about you and nominees where permitted or authorised under the PDP Act or other applicable law. The name and organisation of the nominees recognised under Program will be publicly available, including on the Internet. If you would like to know more about privacy at Council, including your right to seek access to your personal information, contact Council's privacy officer on 9524 3333. Council's Privacy Policy is available at <a href="https://www.gleneira.vic.gov.au/about-council/our-organisation/council-legislation-and-policies/privacy">https://www.gleneira.vic.gov.au/about-council/our-organisation/council-legislation-and-policies/privacy</a>

#### **Privacy Declaration \***

☐ Yes, I have read and understood the privacy statement.

For your application to proceed this box must be ticked.

#### Communicating with the volunteers you have nominated

Please ensure that you have received consent from all nominated volunteers, and pass on the following information to them:

- their personal information has been provided to Glen Eira City Council to administer nominations for the Volunteer Recognition Program 2025; and
- they can find out more, or access the personal information provided, by visiting Council's privacy policy which is available on Council's website, or contact the Privacy Officer at (03) 9524 3333.

#### Communication with nominees \*

O Yes, I have communicated the above information to the nominees. For your application to proceed this box must be ticked.