**SPECIAL OLYMPICS NEW ZEALAND**

**Distinguished Service Award**

**Nomination Form**

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| **Section 1: Details of Nominee**  |
| **Full Name** |
| **Other names known by**  |
| **Postal Address***Please include postal code* **Contact Person***(if Nominee is a company or body corporate)* |
| **Section 2: Details of Nominator**  |
| **Full Name**  |
| **Contact Person** *(if Nominator is other than an individual)* |
| **Telephone Number****Email Address** |
| **Postal Address** *Please include postal code*  |
| **Names of other Nominators providing details of Nominees’ service** *Refer Section 3*  | **Contact Person** | **Contact Details** |
| **SECTION 3: Supporting Statement**  |
| **To be completed by Nominator** |
| *State (in 600 words or less) why you believe the Nominee should be considered for a Distinguished Service Award. This statement should also provide an assessment of the QUALITY of the contribution that has been made.* ***Note: a separate supporting statement is to be provided by each nominator.*** |

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| **SECTION 4: Supporting Documentation**  |
| **To be completed by Nominator**  |
| *Supporting Documentation attached**YES/NO (delete one)**List of Supporting Documentation included in this application* |
| **Signature of Nominator**  | **Date**  |

**NOMINATIONS CLOSE 5PM THURSDAY 31ST OCTOBER 2019**

**Submission of Nomination Form**

**By Post:**

Special Olympics New Zealand Awards Sub-Committee, PO Box 38344, Wellington Mail Centre, Lower Hutt 5045

**By Courier:**

Special Olympics New Zealand Awards Sub-Committee, Pelorus Trust Sports House, 93 Hutt Park Road, Seaview, Lower Hutt

**By Email:**

admin@specialolympics.org.nz

***Please refer to the Nomination Overview when completing this form***