**SPECIAL OLYMPICS NEW ZEALAND**

**Life Membership Award**

**Nomination Form**

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| **Section 1: Details of Nominee**  |
| **Full Name** |
| **Other names known by**  |
| **Postal Address***please include postal code*  |
| **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 4*  | **Contact Person** | **Contact Details** |

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| **Section 3: Summary of Previous Service** *(optional)*  |
| *A brief summary may be provided of service already recognised by a Special Olympics New Zealand award. This information provides background.*  |

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| **Section 4: Record of Service to support Life Membership Award Nomination**  |
| *This record should outline only service that has NOT been recognised previously by a Special Olympics New Zealand Award.* *If service has occurred in more than one Club/Council (refer Section 2), submit a SEPARATE page for each entity.*  |
| *Paid work may be included in any section, but the contribution needs to exceed this. Please indicate clearly service that is paid work. If you are unable to verify any information please mark this with an asterisk (\*).*  |
| **SPECIAL OLYMPICS CLUB INVOLVEMENT** |
| *Club Name* |
| *Dates* |
| **SPECIAL OLYMPICS REGIONAL COUNCIL INVOLVEMENT** |
| *Regional Council Name:* |
| *Dates* |

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| **SPECIAL OLYMPICS NATIONAL LEVEL INVOLVEMENT** |
| *Event* |
| *Dates* |
| *Details* |
| **SPECIAL OLYMPICS INTERNATIONAL LEVEL INVOLVEMENT** |
| *Dates* |
| *Details* |
| **OTHER INVOLVEMENT** |
| *Dates* |
| I have marked any items that I am unable to verify with \*. The reasons for this are:  |

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| **SECTION 5: Supporting Statement**  |
| *State (in 600 words or less) why you believe the above person should be considered for a Life Membership Award. This statement should provide an assessment of the QUALITY of the contribution that has been made. Where there is more than one nominator a separate support statement should be provided.* |
| **SECTION 6: Supporting Documentation**  |
| *Supporting Documentation attached**YES/NO (delete one)**List of Supporting Documentation included in this application* |
| **SECTION 7: Secondment of Nominations by Individuals or Organisations** |
| *Nominations made by individuals or organisations must be seconded by a* ***registered volunteer, Special Olympics New Zealand staff member or Board member, and also by the Chair of the relevant Special Olympics Club of the nominee. If the nominee is the Club Chair then the application must be seconded by the Chair of the relevant Regional Council.***I hereby second the nomination of: ………………………..……………for a Life Membership Award.I confirm that I am a: ………………………………………………………(from above list)**Name:****Signature:****Date:** |
| **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***