



**NATIONAL HONOURS AWARD NOMINATION FORM**

**NOMINEE INFORMATION**

1. Name of nominee: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. Telephone: \_\_\_\_\_
5. Postal Address  
\_\_\_\_\_  
\_\_\_\_\_
6. Years at this  
address  
\_\_\_\_\_
7. Family Members:  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Occupation: \_\_\_\_\_
9. Years of Service: \_\_\_\_\_

10. Category:

Please choose one from the following list:

- |                             |                               |
|-----------------------------|-------------------------------|
| (a) Education               | (h) Hospitality Industry      |
| (b) Health Service          | (i) Community Service         |
| (c) Agriculture & Fisheries | (j) Public Service            |
| (d) Religion                | (k) Youth Development         |
| (e) Sports                  | (l) Family Island Development |
| (f) Music/Entertainment     | (m) Arts & Culture            |
| (g) Law Enforcement         | (n) other _____               |

11. List places/organisations in which nominee has served

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12. Please include any other information that you feel the Advisory Committee should know about the nominee:

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NOMINATOR INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Please indicate below whether you are making nomination as a part of a religion, civic, social or other group, provide the full name and address of the group, and provide the full name and address of the group and your position within it:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Nominations must not be disclosed to the Nominee in order to avoid embarrassment if the nomination is not approved.