



NOMINATION FORM

DETAILS OF THE PERSON SUBMITTING NOMINATION

Please provide your contact details to enable staff of Royal Life Saving Society Queensland to seek further details if required.

Your Name		Date
Email Address		
Phone Number		
Position/Title		

DECLARATION

Checking this box forms your signature and confirms that all information provided on this form is accurate to the best of your knowledge.

TELL US ABOUT THE PERSON YOU ARE NOMINATING FOR AN AWARD

Please provide the Award Nominee's contact details so we can contact them to attend the award ceremony upon making the shortlist.

Award Nominee's Name	
Email Address	
Phone Number	
Position/Title	
Organisation/Business Name	
Organisation/Business Contact Number	
Organisation/Business Address	

WHICH AWARD ARE YOU NOMINATING THE ABOVE NOMINEE FOR?

Please tick the most appropriate award for your nominee. You may select more than one award if applicable.

Trainer of the Year	<input type="checkbox"/>	Lifeguard of the Year	<input type="checkbox"/>
Facility of the Year	<input type="checkbox"/>	Facility Manager of the Year	<input type="checkbox"/>
Swim School of the Year	<input type="checkbox"/>	Swim Teacher of the Year	<input type="checkbox"/>
Volunteer of the Year	<input type="checkbox"/>	Award of Excellence	<input type="checkbox"/>

WHY ARE YOU NOMINATING THIS PERSON?

Please tell us why you think the nominee should be awarded.

WHO CAN SUPPORT YOUR NOMINATION?

If your nomination progresses, we need to hear from someone other than yourself that can provide further information on your nominee’s achievements. Please provide details for at least one referee.

	Referee One	Referee Two
Name		
How do they know the nominee?		
Howe can we contact them?		

IS THERE ANY OTHER INFORMATION YOU WISH TO PROVIDE?

Please provide any other information to support your nomination. This can include photos, certificates, written feedback or any other relevant information.