**KEY TO THE CITY NOMINATION FORM**

NOTE:

* The Order of Australia Nomination form is acknowledged as the basis of this application.
* Nominations are confidential and under no circumstances will the nominee be contacted directly by City of Adelaide staff for any information.

Please note that you are not allowed to nominate a family member, relative or employer for an Award.

Each nomination must have two independent Referees who can talk knowledgeably about the Nominee and achievements you have identified. We may also ask them for written information that can help to verify the achievements you have highlighted so please choose people who will be able to help us with these tasks. In case one of your Referees is difficult to contact we ask you to provide contact details for three people and to list them in order of preference. In some cases we may need to contact all three.

**ONE: CONTACT DETAILS**

**Date of application:**

**Your contact details**

Family Name:

First Name:

Home address:

Unit/Street Number:

Street/Road Name:

Suburb:

State:

Postcode:

Preferred daytime telephone number:

Email address:

Relationship to the nominated person or group:

**Second Supporter’s Contact Details**

Family Name:

First Name:

Home address:

Unit/Street Number:

Street/Road Name:

State:

Postcode:

Preferred daytime telephone number:

Email address:

Relationship to the nominated person or group:

**Details about the Nominee**

Is your nominee:

* an individual
* a group/organisation

**Please provide the following information if your nominee is an individual**

Title (e.g. Prof, Ms, etc):

Family Name:

Given Names:

Postal Address:

State Postcode:

Position/Title (if any):

Organisation (if any):

Telephone Number:

Home No. (including area code):

Mobile No:

Email address:

**Please provide the following information if your nominee is an organisation**

Full Name of Group/Organisation:

Postal Address:

State Postcode:

Contact Person/Office holder details:

Title (e.g. Prof, Ms, etc):

Family Name:

Given Names:

Postal Address:

State Postcode:

Position/Title:

Telephone Number:

Home No. (including area code):

Mobile No:

Email address:

1. **DETAILS ABOUT THE ACHIEVEMENTS YOU THINK SHOULD BE ACKNOWLEDGED**

Please fully answer ALL of the following questions. Do not assume that the Lord Mayor or that Council staff are knowledgeable about the endeavours you are discussing. Please ensure you fully describe why and how your nominee (can be either an individual or group) has excelled and in what areas.

1. In what role(s) or area(s) has the nominee excelled?
2. How has the nominee demonstrated service worthy of recognition?
3. What are the specific outcomes of the nominee’s contribution?
4. Has the nominee’s contribution been recognised elsewhere (e.g. in the media, by other awards, professional/interest groups)? If yes, please list these.
5. What makes this person/group’s efforts more outstanding than other high achieving efforts?
6. How does the achievement you are highlighting relate to Council’s strategic priorities?
7. Any other comments?
8. **REFEREES’ DETAILS**

Each nomination must have two independent referees who can talk knowledgeably about the nominee and achievements you have identified. We may also ask them for written information that can help to verify the achievements you have highlighted so please choose people who will be able to help us with these tasks. In case one of your referees is difficult to contact we ask you to provide contact details for three people and to list them in order of preference. In some cases we may need to contact all three.

**Referee One Contact Details**

Title (e.g. Prof; Ms):

Family Name:

Given Name:

Home address:

Unit/Street Number:

Street/Road Name:

State:

Postcode:

Daytime telephone number:

Email address:

Business Address:

Unit/Street Number:

Street/Road Name:

State:

Postcode:

Business Tel. No:

E-mail Address:

Relationship to nominee:

**Referee Two**

Title (e.g. Prof; Ms)

Family Name:

Given Name:

Home address:

Unit/Street Number:

Street/Road Name:

State:

Postcode:

Daytime telephone number:

Email address:

Business Address

Unit/Street Number:

Street/Road Name:

State:

Postcode:

Business Tel. No:

E-mail Address:

Relationship to nominee:

**Referee Three: (oprtional)**

Title (e.g. Prof; Ms):

Family Name:

Given Name:

Home address:

Unit/Street Number:

Street/Road Name:

State:

Postcode:

Daytime telephone number:

Email address:

Business Address

Unit/Street Number:

Street/Road Name:

State:

Postcode:

Business Tel. No:

E-mail Address:

Relationship to nominee:

1. **FORM COMPLETION**

All nominations are considered in turn. If you have any queries in the meantime please contact our Customer Centre on 8203 7203.