Horowhenua Civic Awards Criteria Checklist

* indicates a required field

Address * Address		
Address Line 1 is required	1.	
Phone Number *		
Email *		
Must be an email address		
Nominator Relations	hip to Nominee	
Second Nominato	r	
Full Name / Contact First Name	Details * Last Name	
Address *		
Address		
	own, and Postcodo are re	quirod
Address Line 1, Suburb/To	own, and Postcode are re	quired.
Address Line 1, Suburb/To	own, and Postcode are re	quired.
Address Line 1, Suburb/To Phone Number *	own, and Postcode are re	quired.
Address Address Line 1, Suburb/To Phone Number * Email * Must be an email address		quired.

Nomination Details

* indicates a required field

Service category nominated for: (Select 1 or i	more options) *	
Community Affairs		
O Cultural Affairs		
Education Services Conservation		
Conservation		
 Social Affairs / Services Regrestion and Sport 		
Recreation and Sport Religious Affairs		
Religious Affairs		
Provide a summary of your nominee's service to a club/service or community group/board. Why should they be considered for a Civic Award? *		
Word count:		
Must be no more than 1500 words.		
Nomination - Letters of support		
As evidence to support the nomination, uploa		
groups/boards that your nominee has given s	ervice to. *	
Attach a file:		
Attach a file:		

Declaration

* indicates a required field

Privacy

The information supplied in this application form will be held and used by staff of the Horowhenua District Council for the purpose of its collection. The information will not be disclosed by Horowhenua District Council unless legally required under the Local Government Information and Meetings Act 1987. The information supplied will be used for:

- · Assessing and processing this nomination,
- Updating existing Horowhenua District Council records,

• Providing information on your nominee for inclusion in the Council Funding & Recognition Committee Awards decision making meeting.

You have the right to request access to, and correction of, information collected and held by Horowhenua District Council.

Signing

By entering your name in the space below you are electronically signing this form to confirm the accuracy of the information provided and agree to the privacy conditions above.

Name: *	
Date: *	
Must be a date.	