

2020 AGED CARE AWARDS NOMINATION FORM

Please complete the nomination form, together with a document not exceeding four (4) A4 pages and addressing the relevant category criteria as specified within the nomination submission guide.

YOUR STATE/TERRITORY

New South Wales/
Australian Capital Territory

Tasmania

Western Australia

Northern Territory

Queensland

Victoria

South Australia

AWARD CATEGORY

Please indicate the award you are nominating the person/organisation for:

Organisation categories:

Provider of the Year

Regional, Rural, Remote (RRR)
Provider of the Year

Innovation in Service or Design

Individual categories:

Distinguished Service
in Care Award

Employee of the Year

Volunteer of the Year

Training and Development Award

CHECKLIST

Complete nomination form

Complete submission - no more than four (4) A4 pages

Provide two referees who briefly outline their support (referee letters encouraged)

Provide supporting photograph in high resolution for print purposes (300dpi)
- as an attachment, not embedded within the submission

Check spelling of all names (provide phonetic pronunciation, where necessary)

Provide current contact numbers

SUBMISSION

Email nominations and supporting documentation must be submitted

via email to events@acsa.asn.au

Please ensure everything is included in one (1) email, where possible.

Entries close at 5pm (local time) on Thursday 26 March 2020.

2020 AGED CARE AWARDS NOMINATION FORM



NOMINATOR

Title: First Name: Surname:

Position:

Organisation:

Organisation's Address:

Phone: Email:

ONLY FOR INDIVIDUAL CATEGORIES - NOMINEE

Title: First Name: Surname:

Position:

Organisation:

Organisation's Address:

Phone: Email:

TWO REFEREES FOR NOMINATION

First Name: <input type="text"/>	Surname: <input type="text"/>	First Name: <input type="text"/>	Surname: <input type="text"/>
Position: <input type="text"/>		Position: <input type="text"/>	
Organisation: <input type="text"/>		Organisation: <input type="text"/>	
Address: <input type="text"/>		Address: <input type="text"/>	
Phone: <input type="text"/>		Phone: <input type="text"/>	
Email: <input type="text"/>		Email: <input type="text"/>	
Signature: <input type="text"/>	Date: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>