|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nominator details** | | | | | | | | |
| Name of contact person | | |  |  | | | | |
| Contact person’s position | | |  |  | | | | |
| Organisation name | | |  |  | | | | |
| Organisation’s postal address | | |  |  | | | | |
| Organisation’s physical address | | |  |  | | | | |
| Telephone | | |  |  | | | | |
| Email | | |  |  | | | | |
| **Nominee details** | | | | | | | | |
| Volunteer individual/team names | | |  |  | | | | |
| Organisation name | | |  |  | | | | |
| Organisation’s postal address | | |  |  | | | | |
| Volunteer position title | | |  |  | | | | |
| Volunteer’s home address | | |  |  | | | | |
| Telephone | | |  |  | | | | |
| Email | | |  |  | | | | |
| **Category award** (please select or mark with X) | | | | | | | | |
| *Category* | | | | |  | *Individual* |  | *Team* |
| Volunteer/s in a Health Care Provider Service (including hospitals, Public Health Organisations and General Practice practitioners) | | | | |  |  |  |  |
| Volunteer/s in a Community or NGO Health Service | | | | |  |  |  |  |
| Volunteer/s in a Māori Health Service | | | | |  |  |  |  |
| Volunteer/s in a Pacific Health Service | | | | |  |  |  |  |
| Youth Health Volunteer/s | | | | |  |  |  |  |
| Long Service Volunteer/s | | | | |  |  |  |  |
| COVID Health Volunteer/s | | | | |  |  |  |  |
| **About the nominee** *(200 words maximum)* | | | | | | | | |
| *Describe the volunteer’s individual or team role and how long they have been in the role* | | | | | | | | |
| **Reason for nomination** *(200 words maximum)* | | | | | | | | |
| *Describe why this individual or team volunteer deserves the award* | | | | | | | | |
|  | | | | | | | | |
| **What has the organisation gained/benefited from this applicant?** *(200 words maximum)* | | | | | | | | |
| *Outline the benefits the organisation has received since this individual/team began volunteering* | | | | | | | | |
| **Checklist** | | | | | | | | |
|  |  | Have you completed the entry form? | | | | | | |
|  |  | Have you attached a letter of support from your Chief Executive or equivalent? | | | | | | |
|  |  | Have you told the nominee that they are being nominated? | | | | | | |
|  |  | Have you told the nominee that if they are shortlisted, they may need to give their signed agreement to the Ministry of Health for a criminal record check? | | | | | | |

Thank you for taking the time to nominate a volunteer/team.

# What’s next?

Please submit the nomination by email to volunteerawards@health.govt.nz by **5pm Friday 3 June, 2022**. Hard copy nomination forms should be posted to Volunteer Awards, The Ministry of Health, PO Box 5013, Wellington 6146.

If you have questions, or need help to fill out this form, please email volunteerawards@health.govt.nz

Once we receive your form, we will contact nominees directly to confirm that they have been nominated for the Awards.

As part of the nomination process, we may also ask nominees to complete a declaration of any previous criminal convictions, excluding minor traffic offences, over the past five years.

We will contact all nominees again once judging has been completed.