Community Awards Nomination Form 2025 Form Preview

Nomination Details

* indicates a required field

Award Category

Thank you for nominating a person who lives, works or studies in the Shire of Macedon Ranges for Council's Community Awards 2025.

The Community Awards 2025 will be awarded to an individual or group who has made a significant contribution to their community in the past calendar year or has demonstrated community service over a period of time.

Nominators must have the permission of the person they are nominating prior to submitting a nomination.

Nominated community groups must be Incorporated.

Save as you go and you can return to your nomination at any time via SmartyGrants.

Nominations must be received before 11pm on Friday 28 March 2025.

Please select the category of award that you are nominating *

- Citizen of the Year
- O Young Citizen of the Year
- Inclusive Communities Award
- Contribution to the Environment Award
- Contribution to Community Arts Award
- Contribution to Sports and Wellbeing Award
- Youth Leadership Award
- Community Event of the Year Award

Nominee details

* indicates a required field

Nominee contact details

Please note that as part of your nomination, you will have the opportunity to upload supporting information.

Consent Required *

- I have received consent from the nominee to provide their information
- I have not received consent from the nominee to provide their information

The nominee must give consent to share their personal information

If your nominee is under 16, you must have parental or guardian consent to provide personal information

 Yes, I have received parental or guardian consent to provide personal information of someone 16 years or under

Nominee Name *

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IndividualOrganisation Name	○ Organisation	
E' . N		
First Name	Last Name	
○ Yes	oup, is the group Inco	○ No
Nominee Primary Address	Address *	
Address Line 1, Suburb	/Town, State/Province, Pos	tcode, and Country are required.
Nominee Primary I	Phone Number *	
Must be an Australian p	ohone number.	
Nominee Primary I	Email *	
Must be an email addre	ess.	
Nomination Cri	teria	
* indicates a required	d field	
Impact in the Co	ommunity (60%)	
1. Why are you no	minating this person	or group for this award? *
Word count:	200	
Must be no more than 2	ZUU WORAS.	
Please attach evid Attach a file:	ence of community su	apport.
For example, upload le	tters supporting your nomi	nation from other community groups. Before you
upload the document e support	nsure it is labelled correctl	ly eg Nominee Name - evidence of community

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their nominated category. Please list an has contributed to or partnered with. *	y community groups this person or group
Word count: Must be no more than 200 words.	
Alignment to Council goals (20%)	
Which of the following Council Plans and	d Strategies is most relevant to your
nomination? * Council Plan	☐ Youth Strategy
☐ Municipal Public Health and Wellbeing Pla	5 ,
☐ Environment Strategy	☐ Positive Ageing Plan
☐ Disability Action Plan	☐ Reconciliation Action Plan
□ Arts and Culture Strategy	☐ Healthy Heart of Victoria Active Living
Charles a Charles a	Census
☐ Heritage Strategy	□ Other:
Please select all that apply.	
Please explain how your nomination alig	gns with the document(s) identified above.
Word count:	
Must be no more than 200 words.	
Equity of Recognition (20%)	
Does the nominated person or group re	present a new or emerging community
group? * O Yes	○ No
If yes, please add further comments abo	out the new or emerging group.
Word count: Must be no more than 200 words.	
Has the nominee or group been recogni	sed previously? *
○ Yes	O Don't Know
Nominator Details	

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Nominator Details Please add your details if further information is required. Nominator Name * **Nominator Address *** Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Nominator Email * Must be an email address. **Nominator Phone Number *** Must be an Australian phone number. Referees * indicates a required field Information on Referees The person nominating is considered one of the two required referees. Please give details of an additional referee who may be contacted for further information about your nominee. Additional Referee Others who may be contacted for further information about your nominee. Referee Name * ○ Individual Organisation Organisation Name First Name Last Name Referee Email *

Must be an email address.

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Referee Phone Number *		
Must be an Australian phone number.		
Plast be all Australian phone hamber.		
Before you go		
* indicates a required field		
Tell us		
How did you find out about this award p ☐ Local newspaper	☐ Social media (Facebook, Twitter,	
□ Community newsletter□ eNewsletter□ ShireLife magazine	Instagram, LinkedIn) □ Poster □ Word of mouth □ Other:	
☐ Council's website Select 1 or more options.		
Please indicate how you found the online O Very easy O Easy O Neutral O Difficult O Very Difficult	e application process. *	
Please provide us with any suggestions and feedback you would like to share.		
Privacy statement		

Privacy Statement

Privacy

The collection and handling of personal and health information is in accordance with Council's Privacy Policy http://www.mrsc.vic.gov.au/AboutCouncil/Our-Council/Policies/ Privacy-Policy.

Please review your answers and click SUBMIT.

Please note: You will receive a conformation email once your nomination has been successfully submitted.