

NOMINATION FORM

Category of Nomination _____

Nominee
First Name _____ **Surname** _____

(Please check that the spelling of the name is correct)

Address: _____

City: _____ Postal code: _____

Phone Home: _____ Business: _____

Birth Date: _____ (DMY) Date of Stroke: _____

How has their stroke affected the nominee and why do you think they should receive this award?

Has the nominee made a special contribution to their community? If so how? (This section should be completed for nominees for The Outstanding Achievement Award only)

NOMINATOR

First Name _____

Surname _____

Address:

City: _____ Postal code: _____

Phone Home: _____

Business: _____

Signature: _____ Relationship to Nominee: _____

How long have you known the nominee?

Is the nominee aware of nomination? _____ (YES/NO)