



coordinated by



NOMINATION FORM

supported by

CATEGORY: GENERAL



This form and any attachments to be sent to:

QSport
Cnr Castlemaine and Caxton Streets
MILTON QLD 4064



For further information contact:

Phone: (07) 3369 8955 **Email:** admin@qsport.org.au

Before completing your nomination, please make sure you have read the Nomination Information and Eligibility Criteria.

SECTION 1 PERSONAL DETAILS OF THE NOMINEE

Full details of the name, address(es), occupation, date of birth and date of death (if applicable) are required to identify the person clearly and for contact purposes should the nomination be successful.

FAMILY NAME	GIVEN NAME (s)	HONOURS (if any)
HOME ADDRESS (street, suburb, city, postcode or PO Box address)		
EMAIL:		
HOME PHONE (inc STD code)	BUSINESS PHONE (inc STD code)	MOBILE
DATE OF BIRTH	DATE OF DEATH (if applicable)	CURRENT OCCUPATION (optional)
DATE OF RETIREMENT FROM TOP LEVEL COMPETITION (if applicable)		

SECTION 2: OUTSTANDING SPORTING ACHIEVEMENTS AND/OR CONTRIBUTION TO SPORT MADE BY THE NOMINEE

In answering parts of this section, you may need to record your responses on separate sheets of papers. Please mark responses to all questions clearly and ensure that any additional documentation is well secured to this form.

2.1 MAJOR CAREER ACHIEVEMENTS

Please list in chronological order

2.2 IMPACT OF NOMINEE'S ACHIEVEMENTS / CONTRIBUTION

Describe the impact that these achievements / contributions have had on the nominee's particular code of sport. Explain how these achievements / contributions position the nominee in the history of Queensland sport. You may also comment on how the nominee has influenced the sporting community and inspired the general public.

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2.3 OTHER RECOGNITION OF THE NOMINEE

List any awards granted to the nominee both within and outside the sporting fraternity, including honours and the dates these were made.

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SECTION 3 DETAILS OF THE PERSON OR BODY MAKING THIS NOMINATION

ORGANISATION NAME	
NAME AND TITLE OF CONTACT	
BUSINESS ADDRESS (street, suburb, city, postcode or PO Box address)	
EMAIL	PHONE NO.
SIGNATURE OF AUTHORISING PERSON	DATE OF NOMINATION