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| LA_VIC_H_TERTIARY_MONO | **DISTINGUISHED SERVICE AWARD** Nomination Form |
| LITTLE ATHLETICS ASSOCIATION OF VICTORIA INC | |

# CRITERIA

Nomination is required to conform with criteria in Regulation 12 (Administrative Requirements for Service Awards of The Association), in particular Section 1 Clauses 1.3

**Highly meritorious service** as referred to in the Constitution is taken to mean service of excellence and of superior quality that has contributed to improving the operations of the Association and has benefited the members.

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| **SECTION 1** | **This section is to be completed by the nominating body, and forwarded to the CEO no later than Friday 11th April 2014 (90 days prior to the AGM). Remember to include a photograph of the nominee, and a copy of the minutes of the meeting at which the nomination was approved.** |

On behalf of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Centre/Region,

we nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for the Association’s Distinguished Service Award.

# JUSTIFICATION

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| **A.** | **CLUB INVOLVEMENT** | | |
|  |  |  |  |
|  | Position Held |  | Dates |
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| **B.** | **CENTRE INVOLVEMENT** |  |  |
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|  | Position Held |  | Dates |
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*Nominee:*

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| **C.** | **REGION INVOLVEMENT** |  |  |
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|  | Position Held |  | Dates |
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| **D.** | **ASSOCIATION INVOLVEMENT** |  |  |
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|  | Position Held |  | Dates |
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| **E.** | OTHER (Personal Qualities & General Comments) Please provide evidence to explain the “highly meritorious service of an exemplary nature” that has been displayed in order to justify this nomination. |
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If attaching more information please ensure nominee’s name appears on document.

Attached are:

* Minutes of meeting at which the person was nominated:
* Evidence of highly meritorious service of an exemplary nature
* Photograph of the nominee

**Dated this the ……….........………… day of…………………………… 2014**

|  |  |  |  |
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| **Signed:** |  | **Signed:** |  |
|  | **Centre/Region President** |  | **Centre/Region Secretary** |
| **Name** |  | **Name** |  |
|  | **Please Print** |  | **Please Print** |

Note: Please treat this nomination discreetly as nominee is unaware of proposed action. Yes/No

*Nominee:*

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| **SECTION 2** | **ASSOCIATION OFFICE USE ONLY**  Details as submitted have been checked and verified. |

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|  | **Date Verified** | **Signed** |
| **Association Service Detail Verified:** |  |  |

**Nomination Form Forwarded to Nominated Bodies:**

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| --- | --- | --- | --- |
|  | **Date Sent** | **Date Reply Rec’d** | **Signed** |
| **Region(s)** |  |  |  |
| **Centre(s)** |  |  |  |
| **Club(s)** |  |  |  |
| **ALA** |  |  |  |

Nominee does/ does not conform with the nomination criteria

(*strike out one*)

Signed: CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non Compliance:**

The BOM, on determining that the total criteria has not been met, will notify the nominating body of the reason(s) for the determination at least forty (40) days before the date set down for the next Annual General Meeting. Rejected nominations will not be put to the ballot.

**Notification:**

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| **Nominating Body Notified** | **Date Sent** | **Signed** |
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