



# CLUTHA DISTRICT COMMUNITY AWARDS

## Individual Nomination

Name of person nominated: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Other contact details: \_\_\_\_\_

Reason nominated (**minimum of 250 words**):

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*(Please attach separate sheets if required)*

Details of nominee's achievements along with dates:

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*(please continue on separate sheets)*

Nominated by (person or organisation): \_\_\_\_\_

Position in Organisation/Private Citizen: \_\_\_\_\_

Contact Telephone:

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Please send completed entries to Cheryl-Marie Moana on the information below by **Friday 24 May 2024**

Community & Facilities Administrator  
Clutha District Council  
PO Box 25  
Balclutha 9240  
Or  
[Help.desk@cluthadc.govt.nz](mailto:Help.desk@cluthadc.govt.nz)

By ticking this box, you agree that we can contact you (the nominator) for further information on the nominee.

#### **PRIVACY STATEMENT**

We collect personal information from you, including your name, contact name, address, contact details, and personal information. Applicants may also opt to provide additional personal information about themselves. We collect your information in order to assess your nomination to the Community Service Awards and ensure you meet the criteria.

Besides our staff, we share this information with an assessment committee who will assess entries and determine the successful nominations. For successful nominees, their name, and what they've done in the community will be publicly shared on the Clutha District Council website, Facebook and in Media Releases.

We keep your information safe by securely storing in our archives which have restricted access. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at [help.desk@cluthadc.govt.nz](mailto:help.desk@cluthadc.govt.nz) or 0800 801 350.

By ticking this box, you agree that information supplied in this entry form can be used for media purposes.

By ticking this box (as nominator) you are agreeing that the nominee knows about this nomination.