2023 Premier's NAIDOC Award Nomination form

Eligibility

Nominees must be:

- an Aboriginal South Australian resident
- over the age of 18 years
- nominated by someone else
- someone who has made a significant contribution to the lives of Aboriginal people in South Australia.

Please send your nomination marked 'confidential' by email to <u>NAIDOC@sa.gov.au</u> or by post to:

The Premier's NAIDOC Award C/- Shane Pilot Attorney-General's Department Aboriginal Affairs and Reconciliation GPO Box 464 ADELAIDE SA 5001

Nominations must be received no later than Friday 2 June 2023

If you need to talk about your nomination, please contact Aboriginal Affairs and Reconciliation on 08 8226 8900 or email NAIDOC@sa.gov.au



Contact details

Family name:

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Nominator's details

r arring mann									
Title: Mr	Mrs	Miss	Ms	Dr	Other	Please specify:			
Postal Add	ress:								
Suburb:					Pos	t Code:			
Business p	hone:				Hon	ne/Mobile phone:			
Email:									
Nominee's details									
Family name:						Given name:			
Title: Mr	Mrs	Miss	Ms	Dr	Other	Please specify:			
Date of Birth (if you know this date):									
Postal Add	ress:								
Suburb:					Pos	Code:			
Business p	hone:				Hon	Home/Mobile phone:			
Email:									

Given name:

Please note:

- All nominations are kept strictly confidential and the information provided will be used only to assist in considering the merits of the nomination.
- Information provided in nominations should be verifiable and referees should be aware that they may be contacted.

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Referee details

Please provide the names and contact details of three referees who are in a position to comment on the nominee's service. Note: Referees cannot be direct family members of the person nominated.

Referee 1

Family nam	ne:				Giv	Given name:		
Title: Mr	Mrs	Miss	Ms	Dr	Other	Please specify:		
Occupation	n/Positio	n (if appli	cable):.					
Organisatio	n:				Rel	ationship to Nominee:		
Business p	hone:				Но	me/Mobile phone:		
Email:								
Referee	e 2							
Family nam	ne:				Giv	en name:		
Title: Mr	Mrs	Miss	Ms	Dr	Other	Please specify:		
Occupation	n/Positio	n (if appli	cable):.					
Organisatio	n:				Rel	ationship to Nominee:		
Business p	hone:				Но	Home/Mobile phone:		
Email:								
Referee	e 3							
Family nam	ne:				Giv	en name:		
Title: Mr	Mrs	Miss	Ms	Dr	Other	Please specify:		
Occupation	n/Positio	n (if appli	cable):.					
Organisatio	on:				Rel	Relationship to Nominee:		
Business p	hone:				Но	Home/Mobile phone:		
Email:								





