

MAX GARDNER AWARD

Nomination form



Nominee details

Please note: this award is a peer-based recognition for PCFA Network members. The individual nominated must belong to the Network as either an Ambassador, Support Group Leader or active member of an affiliated support group.

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Group name (if any) of nominee:			
Nominee's role(s):	Ambassador <input type="checkbox"/>	Support Group Leader <input type="checkbox"/>	Active member of an affiliated support group <input type="checkbox"/>

Background of nominee

Please tell us of any relevant information about:

- **The nominee's experience with prostate cancer**
- **The period of time the nominee has been making a contribution**
- **How the nominee became involved as an Ambassador and/or as part of the Support Group**

Please include dates wherever possible and ensure summaries in this section are min of 50 and max 150 words.

Reason for nomination

Please tell us of any relevant contributions that have been made by the nominee. You may wish to consider how previous Max Gardner Award recipients demonstrated distinguished service, indicated below in no particular order:

- **How the nominee conveys integrity, optimism, compassion, respect and commitment towards others**
- **How the nominee has taken on opportunities above and beyond their role**
- **How the nominee connects in with the broader community**
- **How the nominee's efforts have resulted in a positive impact on a local, state and/or national level**
- **How the nominee has actively assisted any disadvantaged/higher needs groups**
(For example: Younger, Gay/Bi, Culturally and Linguistically Diverse, Partners/Carers, Aboriginal or Torres Strait Islander, Regional/Rural and Advanced Cancer)

Please include dates wherever possible and ensure summaries in this section are min 100 and max 250 words.

Nominator details

Please note: nominations cannot be received from the nominees themselves, nor a partner or family member. If you are completing a nomination on behalf of a support group or community group please provide a single point of contact.

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Relationship to nominee:	Fellow Ambassador/ Support Group Leader <input type="checkbox"/>	Fellow member of an affiliated support group <input type="checkbox"/>	Community Member <input type="checkbox"/>

Referees supporting this nomination

Please outline details of two referees, including a brief statement of support. For example: a member of a support group, community group (e.g. Rotary, sporting club), a health professional and/or community leader (e.g. local MP's). Please keep statements of support to 30 words or include as one of the key supporting documents below.

First referee

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Statement of support:			

Second referee

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Statement of support:			

Key supporting documents - Optional

Please include relevant documents with this form including a brief description of each below. Documents may include:

- Evidence the nominee's contribution has been recognized elsewhere by media, government/professional groups or by other awards.
- A letter of support from a support group/community group.

Document 1:	
Document 2:	
Document 3:	

Declaration

I confirm that the details above are true to the best of my knowledge and choose to nominate the individual stated of my own accord and hold no familial relation to them.

Signed:		Date:	
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Once you have completed your form please return by email to supportnetwork@pca.org.au or by post to:

Att: Network Support – Prostate Cancer Foundation of Australia
PO Box 499 St Leonards NSW 1590.

If you have any further questions, please contact us on the **Network Helpline 1800 00 22 98.**