## MAX GARDNER AWARD

## **Nomination form**



### **NOMINEE DETAILS**

The Max Gardner Award for Distinguished Service is a prestigious award presented by Prostate Cancer Foundation of Australia (PCFA). It is awarded to an individual member of the Network that has made an outstanding and significant contribution to reducing the impact of prostate cancer on Australian men, their partners and families, recognising the diversity of the Australian community

Name:					
Postal address:					
Email address:					
Phone number:			Mobile number	:	
Group name (if any) of nominee:					
Nominee's role(s):	Lifeforce presenter	Support Gr	oup Leader	Active memory support groups	ber of an affiliated

#### 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 in the Support Group, or as a PCFA volunteer

Please include dates wherever possible. Attach additional paper work if necessarv.

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### **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. Attach additional paper work if necessary

### **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:	<ul> <li>Lifeforce presenter/</li> <li>Support Group Leader</li> </ul>	Community/organisation member		<ul> <li>Active member of an affiliated support group</li> </ul>

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#### **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 50 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:	
Once you have completed your form please return by email to <u>supportnetwork@pcfa.org.au</u> or by post to: Att: Network Support Prostate Cancer Foundation of Australia Level 5, 437 St Kilda Road Melbourne 3004 VIC. If you have any further questions, please contact us on the Network Helpline 1800 00 22 98.			