

Nominations Form

Organisational Awards



CATEGORIES

Please tick the appropriate box

OPEN CATEGORIES

- ☐ Private Sector Employer
- ☐ Community Based Employer
- ☐ Government Employer (Public Sector or Local Government).

PROVIDER DETAILS

Organisation:

Address : Postcode:

Postal address:

Email :

Phone (home): (work) (mobile)

PROVIDER CONTACT PERSON DETAILS

Surname: Given name:

Address : Postcode:

Email :

Phone (work): (fax) (mobile)

NOMINATOR DETAILS

Surname: Given name:

Address : Postcode:

Email :

Phone (home): (work) (mobile)

I give permission for the Victorian Aboriginal Education Association Incorporated (VAEAI) to use my photograph for any VAEAI publications and/or promotional materials in any print, audio, video or other medium that may be taken should I be a finalist at the 2024 VAEAI Wurreker Awards.

Signature of Nominee: Date: