HOSPICE WAIKATO LIFE MEMBERSHIP AWARD NOMINATION FORM

Section One -Information about the person making the nomination:

Name:

Association with Hospice Waikato –

I have read the criteria and believe that this nominee complies with the criteria and has made a meritorious contribution to Hospice Waikato as detailed below.

Signature: Date:

Signature of Trustee/CEO in support of this nomination:

Date:

Section Two: Information about the Nominee:

Name:
Detail the ways in which the nominee has made a significant contribution Hospice Waikato over an extensive period of time. As accurately as you can, please list the key roles/activities, positions held (if appropriate) and the relevant timeframe(s).
NOTE: This information can also be provided via video.

Please add a separate sheet if required with any other details about the nominee.

If you would like support with completing this form, please contact the Chair of Hospice Waikato or the People & Culture Committee.

Please return to:

Chief Executive Officer

Hospice Waikato

PO Box 325

Waikato Mail Centre

Hamilton 3216

(by 31 July in the year of nomination)