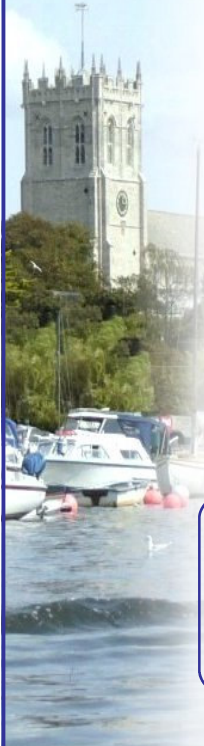


# The Good Citizen Awards



Do you know of an **exceptional young person** (25 years or younger) who has made an outstanding contribution to the local or wider community? Have they perhaps battled against all odds to achieve their goals?

Do you know an organisation or individual that has accomplished outstanding service to the **health and wellbeing** of the community of Christchurch?

Have you seen or heard of an individual or organisation that has made an outstanding contribution in the area of **education and learning** in the community of Christchurch?

Do you know a shop, restaurant or other place that goes out of its way to **welcome and help** everyone, no matter whether they are disabled, visually or hearing impaired, have learning difficulties, etc?

Has any **organisation** you know shown an outstanding commitment to the community of Christchurch? Have they made a real difference to the lives of the citizens of Christchurch?

What about a person or group making a **local area or street** more attractive, vibrant and/or safe for the community?

Do you know of anyone who has made an exceptional contribution to a local project, group or charity in a **voluntary** capacity?

- Categories and Sponsors:**
- The Mayor's Young Citizen Award
  - The Bay Tree's Healthy Community Award
  - CCP Accessibility Sub-Group's Welcome To All Award
  - Christchurch Borough Council's Volunteer of the Year Award
  - The Avonmouth Hotel & Restaurant's Organisation of the Year Award
  - Twynham Housing Association's Pride of Place Award
  - Christchurch Community Partnership's Education & Learning Award

## Official Nomination Form

Please submit nomination forms to the address on the reverse by 28<sup>th</sup> February 2007

**Nominee's Details:** (Capitals please)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Tick if 25 years or younger:

**Nominated By (Your Details):** (Capitals please)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

I confirm that the information given on this form is correct to the best of my knowledge

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(please continue on the reverse)

