## LYNNE KOSKY MEMORIAL AWARD FOR LIFETIME ACHIEVEMENT NOMINATION FORM

## *[Please complete this form and include in your application. Delete this line once complete.]*

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| Nominee Information |
| Name: |       | Date of nomination: |       |
| Position title:(if applicable) |       | Is the nominee aware he/she has been nominated? Yes/No |
| Workplace/organisation:(if applicable) |       |
| Address: |      City:       State:      Postcode:      |
| Contact details: | Work phone:       | Mobile:       | Email address:       |
| Nominator Information |
| Name: |       |
| Position title: |       |
| Workplace/organisation: |       |
| Address:  |      City:       State:      Postcode:      |
| Contact details:  | Work phone:       | Mobile:       | Email address:       |
| Contact Officer Information (if different from nominator) |
| Name: |       |
| Position title: |       |
| Workplace/organisation: |       |
| Address: |      City:       State:      Postcode:      |
| Contact details:  | Work phone:       | Mobile:       | Email address:       |
| Release authorization and signature |
| *I give permission for the Victorian State Government to use non-confidential details from this nomination, relevant photographs and videotape vision for any publicity purpose pertaining to vocational education and training, and the Victorian Training Awards in particular. Please note: It is the responsibility of the nominating organisation to ensure approval is obtained by all persons who are shown within the videotape/DVD vision or photographs submitted.* |
| Signature of nominator: |       | Date: |       |