## LYNNE KOSKY MEMORIAL AWARD FOR LIFETIME ACHIEVEMENT NOMINATION FORM

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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: |  | |