

EMPLOYEE OF THE YEAR AND YOUNG SUPERVISOR / MANAGER OF THE YEAR AWARDS

NOMINATION DETAILS AND DECLARATION

Please ensure that you have answered all questions and attached to this form together with copies of any supporting documents.

EMPLOYEE OF THE YEAR

**YOUNG SUPERVISOR /
MANAGER OF THE YEAR**

NOMINEE:

Employee Name

Job Title / Position

Phone

Email

Nominee DOB

Must be 25 or under to be eligible for Young Supervisor / Manager.

NOMINATOR:

Business Name

Business Address

Contact Name

Title / Position

Phone

Email

NOMINATOR TO COMPLETE:

I agree to the conditions of entry as detailed in this document and the attached nomination documents.

Signature

Name

Date