

INSTRUCTIONS FOR COMPLETION OF NOMINATION FORM

Persons who are making the nominations are asked to ensure that all particulars requested in respect of the nominee are supplied. In particular,

1. The names provided shall be the correct names;
2. Contact telephone numbers, inclusive of a mobile number, where possible, must be included;
3. The nominee information in the sphere in which the award is recommended should be concise and legible. Please do not use more than two (2) pages.
4. **Nominees may be individuals or organisations.**

Nomination forms completed in accordance with the instructions, should be delivered or sent via electronic mail to:

The Chief Administrator
Tobago House of Assembly
3rd Floor, Smithfield Plaza
Smithfield Road
Scarborough
Tobago
Email: oca.secretary@tha.gov.tt

The closing date for the receipt of nominations for Tobago Day Awards 2021 is Friday 5th November, 2021 at 2:00 p.m.

CATEGORIES OF TOBAGO DAY AWARDS

There are four (4) categories of Tobago Day Awards as follows:

- Tobago Medal of Honour **Gold**, which may be awarded to any person who has rendered distinguished and outstanding service to Tobago;
- Tobago Medal of Honour **Silver**, which may be presented to any person who has performed long and meritorious service to Tobago;
- Tobago Medal of Honour **Bronze**, which may be presented to any person who has rendered loyal and devoted service beneficial to Tobago in any field of human endeavour or for gallantry or other human action ;
- Chief Secretary's Award, which may be awarded to any person for outstanding contributions and significant achievements **within the previous calendar year** spanning from December to November.

HOW AWARDS ARE GIVEN

Nominations are made for Tobago Day Awards by members of the Public and/or Organisations to the Office of the Chief Administrator.

A Tobago Day Awards Committee considers these nominations and forwards its recommendations to the Chief Secretary.

The Chief Secretary and the Executive Council in turn consider the recommendations of the Tobago Day Awards Committee and may or may not accept and may add to them.

The Chief Secretary presents the award at the Tobago Day Awards Ceremony, subject to the consent of the recommended nominee.

NOMINATION FORM FOR TOBAGO DAY AWARDS

Year **2021**

Please read instructions carefully before completing this form.

1. Surname of Nominee/Name of Organisation: _____

First Name: _____ Other Name(s): _____

Mr. Mrs. Ms. Miss Other (Specify e.g. Rev., Prof., Dr.) _____

2. Date of Birth: Year _____ Month _____ Day _____

3. Is the Nominee a Citizen of Trinidad and Tobago? Yes No

If "No", please State the Country of citizenship _____

4. Occupation/Profession _____

5. Home Address or Mailing Address _____

6. Business Address _____

7. Contact No.: Home _____ Business _____ Mobile _____

8. Is the Nominee/Organisation the holder of a National or Tobago Award? Yes No

If "Yes" give name of award, year, and sphere of activity for which the award was given

9. Sphere of activity for which **present** award is recommended _____

10. Number of years involved in the sphere of activity for which the award is recommended _____

11. Was the Nominee previously nominated by you? Yes No If "Yes", state year(s) _____

12. Name of Person/Organisation making the nomination _____

13. Address of Person/Organisation _____

Telephone No: Home: _____ Business _____ Other _____

Occupation/Business of Organisation _____

Date: _____

Signature: _____

SECTION ONE

NOMINEE INFORMATION

Please complete the following sections either in typewritten form or in legible handwriting

Name of Organisation	Award/Certificate	Year Received

Give details of significant achievements in **sphere of activity**. State concisely in what way the nominee's contribution positively impacted on Tobago's development.

How does the nominee's achievements/contributions stand out from others in the sphere of activity for which Award is recommended?

To what extent has the nominee been influential in the sphere of activity?

SECTION TWO

THIS SECTION IS TO BE COMPLETED **ONLY** IN RESPECT OF A NOMINEE RECOMMENDED FOR AN
AWARD IN THE FIELD OF GALLANTRY

Please state in detail the act of gallantry for which the nominee is being recognized

SECTION THREE

Testimonials

Please list names and addresses of persons who can attest to/endorse the contributions/
achievements of the nominee

Name	Address

SECTION FOUR

Names, addresses and occupations of persons/organisations endorsing your nomination.

In case of organisation/s the name/s, address/es and signature/s of the Head/s of the Organisation/s is/are required

NAME: _____

ADDRESS: _____

OCCUPATION: _____

NAME: _____

ADDRESS: _____

OCCUPATION: _____

NAME: _____

ADDRESS: _____

OCCUPATION: _____