

**NOMINATION FOR A  
DIABETES NEW  
ZEALAND AWARD**



**diabetes**  
new zealand

**STRICTLY CONFIDENTIAL**

Date \_\_\_\_\_

**The following is nominated for a Diabetes New Zealand Award**

Full name \_\_\_\_\_

Address \_\_\_\_\_

Society \_\_\_\_\_

Details of person submitting the nomination:

Name \_\_\_\_\_

Society \_\_\_\_\_

Phone no \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Please set out below details of the activities undertaken by the person you are nominating and the reasons why you consider he or she should receive a Diabetes New Zealand Award.

**Activities undertaken and reasons for consideration**

(attach extra sheets as required)

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**Please list the names and addresses of individuals and/or organisations able to support your recommendation.**

Full name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number(s):

Day (0 ) \_\_\_\_\_

Night (0 ) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Full name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number(s):

Day (0 ) \_\_\_\_\_

Night (0 ) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**Diabetes New Zealand Award**

For distinguished service to Diabetes New Zealand, presented to:

\_\_\_\_\_

President \_\_\_\_\_

Chief Executive \_\_\_\_\_

Date \_\_\_\_\_