

Esme Tombleson Award Nomination Form

The Awards recognise those that have made a significant and outstanding contribution people impacted by Multiple Sclerosis (MS) on a national level. Nominations close 1st November annually.

Name of Nominee

First Name Last Name

Address

Street Address

Street Address Line 2

City Region

Postal Code

Phone Number

Area Code Phone Number

E-mail

example@example.com

Is the Nominee...

- A person with MS
- A family member of a person with MS
- A carer of a person with MS
- A friend of a person with MS
- A supporter of MS

The Esme Tombleson Award recognises those who have made a significant contribution to people impacted by MS on a NATIONAL level. Describe how the nominee has provided an outstanding contribution to people impacted by MS across New Zealand?

Has the nominee been recognised by any other awards?

Is the nominee connected to an MS Regional Society?

If applicable, describe how the nominee has provided an outstanding contribution to people impacted by MS in their local community? Regional contributions are not a requirement.

Is there any other relevant information you would like to share with the Award Committee regarding the Nominee?

The consent of the person being nominated is not required. The nominee should not be informed that they have been nominated, as it is not fair to raise expectations in case they are not met. All nominations are treated in the strictest confidence. No information regarding the nominee or the details of the nomination is divulged. Once the Award Committee have agreed on the recipients

they will be contacted and asked for their consent to accept the award and for this to be publicly notified. Please confirm that the nominee has not been made aware of their nomination.

To the best of my knowledge the Nominee IS NOT aware of the nomination

The Nominee IS aware of the nomination

I'm not sure