



NOMINATION FORM

Title: _____ Forename: _____ Surname: _____

Address (if Applicable): _____

_____ Postcode: _____

Telephone number: _____ Email: _____

Category you wish to nominate them for: _____

Tell us why you have nominated this person: _____

(A person can only be nominated in the following postcode areas: PL22/23/24/25/26)

YOUR DETAILS:

Title: _____ Forename: _____ Surname: _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Email: _____

I wish to submit my nomination as above and confirm that to the best of my knowledge the details given in support of this nomination are accurate. I have told the person I am making this nomination. I understand that the selection panel's decision is final and that no correspondence will be entered into.

I consent to the information I provide herein being held and used by Local Saints Award and its partners for the legitimate purposes of the awards and for no other purpose.

All such information will be handled, stored, shared and disposed of only in accordance with the Data Protection Act 1998.

Signed: _____ Date: _____

Make sure you have completed both sides of the form and signed and dated it. Then return to:

Local Saints Awards, Cornwall and Devon Media Ltd, High Water House, City Wharf, Malpas Road,
Truro, Cornwall, TR1 1QH

