Life Governor & Award of Excellence Award Nomination Form

Please complete this form and return it to Executive & Governance Officer to the CEO and Board of Directors. Rural Northwest Health PO Box 386 Warracknabeal 3393 or email to carolyn.conners@rnh.net.au by 13 November 2026.

Nominee: _____

Name: _____

Address: _____

Telephone: _____

Does the Nominee know that you have nominated them for the award? Yes / No

Current involvement in Health Service activities *(paid and or voluntary please include as much detail as possible).*

1. _____
2. _____
3. _____

Previous involvement in Health Service activities *(paid and or voluntary please include as much detail as possible)*

1. _____
2. _____
3. _____

Other information in support of nomination

The Nomination must address the key objective of the Life Governor & Award of Excellence, which is to recognise exceptional voluntary, philanthropic and/or professional commitment an individual has made to Rural Northwest Health.

Nominated by: _____

Contact Details: _____

_____

Position/Relationship to Nominee: _____

Seconded by: _____

Contact Details: _____

_____

Position/Relationship to Nominee: _____

Rural Northwest Health to complete the following

Date Nominated received: _____

Does the nomination meet the Life Governor & Award of Excellence criteria? Yes / No

Recommendation to appoint a Life Governor. Yes / No

Approved by Board of Directors at .....BOD meeting. Yes / No