COALDRAKE AWARD NOMINATION FORM

Please read the Coaldrake Award Protocols, selection criteria and frequently asked questions before completing this form. Complete ONE form for each person nominated.

☐ I wish to nominate someone for a Coaldrake Award. I have read the Award Protocols.

Reason for Nomination:
☐ Missionary service
☐ Volunteer
☐ Staff
☐ Other. Please give details: ________________________________________________________________

<table>
<thead>
<tr>
<th>Name of Person Nominated:</th>
<th>Title</th>
<th>First name</th>
<th>Surname</th>
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Address: ____________________________________________

Email: ______________________________________________

Telephone: __________________________________________

Years of Service: _______________________

Details of Service: __________________________________

Location of Service: __________________________________

Other service, if relevant: ____________________________

Spouse name, If relevant: _____________________________

ABM recognises missionaries were often accompanied by a spouse, who is also eligible for a Coaldrake Award. Please fill in a separate form for a spouse.

Nominated by: _________________________________________

Signature: ____________________________________________

Date: __________________

Return this form to: Mail: ABM, Locked Bag Q4005, Queen Victoria Building, NSW 1230
Email: info@abmission.org.au