****

****

**NOMINATION FORM**

**NOMINATION FORM**

Please ensure that the form is fully complete before submission. Failure to fill in all fields will result in a delay in your application.

Once complete, or if you have any questions during the completion of the form, please email [info@nationalcovidfoundation.org](mailto:info@nationalcovidfoundation.org)

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Details** | | | |
| Title *(Mr.Mrs.Miss. etc.)* |  | Full Name |  |
| Address  *(Number, Street Name, County, Postcode)* |  | | |
| Email |  | Telephone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The Person/People you are Nominating** | | | |
| How many people are you nominating? |  | Full Name(s) |  |
| Address (Please provide one full address – if successful we will request multiple addresses to post certificates)  *(Number, Street Name, County, Postcode)* |  | | |
| Email |  | Telephone |  |
| Are they part of a charity, organisation, non-profit or mutual aid group? If so, please tell us the name. |  | How do you know them? |  |

|  |
| --- |
| Tell us about them. Please provide as much information as possible. This page will be given to the committee as evidence so that a decision can be made. |
|  |

**Declaration**

By signing below, you agree that you have filled this form in to the best of your knowledge. Any information found to be misrepresented, misused or misinformed, will result in the application being rejected, as well as the possibility of further applications begin declined in the future. The National COVID-19 Foundation reserves the right to withdraw any applications deemed as untrustworthy.

Signed:

*(Your name typed on this document acts as a signature and should be viewed as an agreement to the terms above)*

Date:

Once complete please email [info@nationalcovidfoundation.org](mailto:info@nationalcovidfoundation.org)