## NOMINATED INDIVIDUAL

Full Name:	Peer Year (for past students):
DETAILS OF PROPOSER	
Full Name:	Peer Year (for past students):
Email:	Phone:
DETAILS OF SECONDER	
Full Name:	Peer Year (for past students):
Email:	Phone:
ACKNOWLEDGEMENT	
We hereby acknowledge that this nomination is made based on the rules of OSCA, the nominee meets the eligibility criteria and the nomination is supported by evidence which addresses the requirements of the eligibility criteria.	
Signed Proposer:	Date:
Signed Seconder:	Date:

## **REASON FOR NOMINATION**

Explain, with reference to the criteria, your reason for nominating this individual for a Honorary Life Member Award. Why are they a worthy recipient? What exceptional and substantial service have they provided to OSCA.

## SUBMISSION

Please email this nomination to the OSCA Executive Director at: oscanet@scotch.vic.edu.au