

# Order of Newfoundland and Labrador Nomination Form



Anyone can nominate a resident of the province for the Order of Newfoundland and Labrador. If you know of someone who has made a significant and positive difference in your community or province, consider putting their name forward for the province's highest honour, the Order of Newfoundland and Labrador.

The number of appointments is limited each year and not everyone nominated can be selected. Since its inception in 2004, 151 deserving individuals have been named to the Order. They come from all walks of life, including artists, scientists, doctors, educators, entrepreneurs, community workers, volunteers, philanthropists and athletes.

An independent Advisory Council of eight members evaluates and compiles the final list of names to present to the Lieutenant Governor of Newfoundland and Labrador, as Chancellor of the Order.

Thank you for your interest in the Order of Newfoundland and Labrador. We look forward to receiving your nomination package recognizing the good deeds of your fellow Newfoundlanders and Labradorians.

# Order of Newfoundland and Labrador Nomination Form



I wish to nominate the following person to the Order of Newfoundland and Labrador - Step 1 of 5

Title	First Name	Middle	Last Name	
Name of Organization (if applicable)			Position/Title (if applicable)	
Address <input type="checkbox"/> Home <input type="checkbox"/> Business				
P.O. Box	Unit/Suite/Apt.	Street No.	Street Name	
City/Town/Village/Community		Province	Postal Code	
Telephone	<input type="checkbox"/> Home	<input type="checkbox"/> Business (day)	Ext.	<input type="checkbox"/> Mobile
Email Address				

Nominee's Principal Field of Endeavour for Recognition (pick one only)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Art/Literature       | <input type="checkbox"/> Environment/Conservation | <input type="checkbox"/> Public Service            |
| <input type="checkbox"/> Business/Commerce    | <input type="checkbox"/> Health Care              | <input type="checkbox"/> Science/Technology        |
| <input type="checkbox"/> Communications/Media | <input type="checkbox"/> History Preservation     | <input type="checkbox"/> Sports/Recreation/Fitness |
| <input type="checkbox"/> Cultural             | <input type="checkbox"/> Humanitarian Activities  | <input type="checkbox"/> Volunteerism              |
| <input type="checkbox"/> Education            | <input type="checkbox"/> Law Enforcement          | <input type="checkbox"/> Other (specify)           |

**Nomination Statement - Step 2 of 5**

Provide a statement indicating how long you have known the nominee and the reasons you believe this nominee is a worthy candidate. The statement should be typed and should not exceed one page. (Approximately 500 words)

**Nomination Statement - Step 3 of 5**

Please provide three (3) testimonial letters from three (3) separate individuals other than the nominator, who have direct knowledge of the value and impact of the nominee's achievement and who support the nomination. The letters must be typed and signed by the testimonial writer and should not exceed one page. No more than three (3) testimonial letters will be accepted. Please submit the testimonial letters with this nomination form.

**Testimonial Writer 1 - Include the written testimonial with this nomination form.**

Title	First Name	Middle	Last Name	
Name of Organization (if applicable)			Position/Title (if applicable)	
Address <input type="checkbox"/> Home <input type="checkbox"/> Business				
P.O. Box	Unit/Suite/Apt.	Street No.	Street Name	
City/Town/Village/Community		Province	Postal Code	
Telephone	<input type="checkbox"/> Home	<input type="checkbox"/> Business (day)	Ext.	<input type="checkbox"/> Mobile
Email Address				

**Testimonial Writer 2 - Include the written testimonial with this nomination form.**

Title	First Name	Middle	Last Name	
Name of Organization (if applicable)			Position/Title (if applicable)	
Address <input type="checkbox"/> Home <input type="checkbox"/> Business				
P.O. Box	Unit/Suite/Apt.	Street No.	Street Name	
City/Town/Village/Community		Province	Postal Code	
Telephone	<input type="checkbox"/> Home	<input type="checkbox"/> Business (day)	Ext.	<input type="checkbox"/> Mobile
Email Address				

**Nomination Statement - Step 3 of 5 (continued)****Testimonial Writer 3 - Include the written testimonial with this nomination form.**

Title      First Name      Middle      Last Name

Name of Organization (if applicable)      Position/Title (if applicable)

Address    ☐ Home    ☐ Business

P.O. Box      Unit/Suite/Apt.      Street No.    Street Name

City/Town/Village/Community      Province      Postal Code

Telephone    ☐ Home      ☐ Business (day)    Ext.    ☐ Mobile

Email Address

**Optional Additional Material – Step 4 of 5**

You may provide additional material to support the nomination such as publications, media stories, tributes, work produced, etc. Supporting material should be presented in 8.5" x 11" format and all materials combined should not exceed four (4) pages in total. Please submit the supporting material with the nomination form.

1. Supporting Material (Provide a short description of the material here.)

2. Supporting Material

3. Supporting Material

4. Supporting Material

**Nomination Submitted by - Step 5 of 5**

Title	First Name	Middle	Last Name	
Name of Organization (if applicable)		Position/Title (if applicable)		
Address <input type="checkbox"/> Home <input type="checkbox"/> Business				
P.O. Box	Unit/Suite/Apt.	Street No.	Street Name	
City/Town/Village/Community		Province	Postal Code	
Telephone	<input type="checkbox"/> Home	<input type="checkbox"/> Business (day)	Ext.	<input type="checkbox"/> Mobile
Email Address				

☐ I hereby declare that all the information provided in this application is true and accurate in every respect. I understand that the nominee would be required to return the award if the information is found to be inaccurate for any reason.

**Privacy Notice**

Under the authority of the Order of Newfoundland and Labrador Act personal information is collected for program requirements. This information is kept confidential and handled as required by the Access to Information and Protection of Privacy Act. Any questions or comments can be directed to the Chief of Protocol at 709-729-3670.

Nominator Signature	Date (YYYY/MM/DD)
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Send completed nomination form to:  
Executive Council, Protocol Division  
P.O. Box 8700  
St. John's NL  
A1B 4J6

Telephone:  
(709) 729-3670

Email:  
onl@gov.nl.ca