**COVID-19 HONOURS NOMINATION FORM**

**How to complete this form**

**NOMINEE DETAILS**

* **Title -** Please add the nominee’s title, if known, e.g. Mr/Mrs/Dr
* **Full name -** Please provide the nominee’s full name, including any middle names.
* **Known as -** Please complete if the nominee is known under a different name to the above. Please do not include any shortened version of their name or nicknames, such as Sue for Susan.
* **Date of birth -** Please provide the nominee’s date of birth, if known. You may also provide an approximate date or age.
* **Gender -** Please provide the gender that the nominee identifies as.
* **Nationality -** It will be helpful to know the nationality of the nominee. This information will help us ensure the nomination is considered through the correct process.
* **Address -** Please provide an address for the nominee, if known. This may be a home address or their workplace.
* **Telephone number -** Please complete if you know a contact phone number for the nominee.
* **Email address -** Please complete if you know a contact email address for the nominee.
* **Length of service** **-** It would be helpful to know how long the nominee has been providing their service.
* **Please tell us how your nominee is giving their time to the COVID-19 response -** Please detail the nominee’s posts or role they have undertaken in responding to COVID-19. For example, doctor, nurse, community response.
* **Please tell us how your nominee normally gives their time outside of the COVID-19 response -** Please detail the nominee’s other posts or roles. For example, volunteer, fundraiser, school governor.

**YOUR DETAILS**

* **Full name -** Please provide your full name, including any middle names.
* **Address -** Please provide your address.
* **Telephone number -** Please add a contact phone number for yourself.
* **Email address -** Please add a contact email address for yourself.
* **Gender -** Please provide your gender.

* **Short citation -** Please summarise, in 20 words or less, the nominee’s activity. For example, ‘For services to the NHS’.
* **Long citation -** Please detail your nominee’s service and achievements during the COVID-19 response **(max. 250 words)**.
* **Long citation -** Please detail your nominee’s service and achievements outside of the COVID-19 response **(max. 250 words)**.
* **Please fill in as much of the form as possible.**
* **Fields marked with an asterisk MUST be filled in.**
* **Click in each grey box to enter your text.**
* **Please email your completed form to: covid-19nominations@cabinetoffice.gov.uk**

**NOMINEE DETAILS** (the person you are nominating)

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| --- | --- |
| **Title** |  |
| **\* Full name** |  |
| **Known as (if different from name above)** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Nationality** |  |
| **Address (If known)** |  |
| **Telephone no.** |  |
| **\* Email address** |  |
| **Length of service (if known)** |  |
| **\* Please tell us how your nominee is giving their time to the COVID-19 response.** *For example: doctor/nurse, community service, carer, postal worker, shop worker* |  |

**YOUR DETAILS** (name and position of person making the nomination)

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| --- | --- |
| **Title** |  |
| **\* Name** |  |
| **Address**  |  |
| **Telephone no.**  |  |
| **\* Email address** |  |
| **Gender** |  |
| **Relationship to the nominee** |  |

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| **\* Short citation. Please summarise your nominee’s service in 20 words or less** (e.g. ‘For services to the NHS’ / ‘For services to charitable fundraising’ / ‘For voluntary service’). |
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| **\* Long citation. Please describe your nominee’s service and achievements during the COVID-19 response in more detail** (max. 250 words). |
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| **\* Long citation. Please describe your nominee’s wider service, voluntary contributions and achievements outside of the COVID-19 response** (max. 250 words). |
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