

Nomination Form

Submit nomination package by post to: Secretary of the Order of Nova Scotia The Protocol and Honours Secretariat 5251 Duke Street, Duke Tower, 5th Floor Halifax, NS B3J 1P3



Or email to: orderofnovascotia@novascotia.ca

| I wish to nominate the follow | ing person | for the Order | of Nova Scotia- Step | 1 of 5 | | |
|--|--------------------|--------------------------------|-------------------------|------------------|--|--|
| Salutation Mr. Mrs. Ms | s. Dr | r. Othe | r (specify) | | | |
| First Name | Last Name | | | | | |
| Name of Organization (if applicable | Position/Title (i | Position/Title (if applicable) | | | | |
| Address | | | | | | |
| City/Town/Village/Community | Province/Territory | | | | | |
| Telephone Type | | Telephone No | D. | Extension | | |
| Home Business (day) | Mobile | | | | | |
| Alternate Telephone Type | | Telephone No | D. | Extension | | |
| Home Business (day) | Mobile | | | | | |
| Email Address If this is a posthumous nomination, indicate the date of death using the drown down calendar. | | | | | | |
| Nominee's Field of Endeavour/Area of Contribution | | | | | | |
| Please select the area in which the person you would like to nominate for appointment to the Order of Nova Scotia has made their primary contribution; be it to their community, Nova Scotia or to Canada. If the area of contribution is not listed, please select Other and enter the field you feel is most relevant. | | | | | | |
| Arts/Literature | Philanthropy | у | Indigenous Relations | Law | | |
| Environment/Conservation | Business/Co | ommerce | Communications/Media | a Education | | |
| Public Service | Humanitaria | | History & Heritage | Health Care | | |
| Politics | Science/Tec | • | Sports/Recreation/Fitne | ess Volunteerism | | |
| Military/Protective Services | Other (speci | ify) | | | | |



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. This is your opportunity to capture the attention of the selection members and to encourage them to read your nomination in detail. The statement should be typed and should not exceed one page.



Testimonial Writers – 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. | | | | |
|---|---------------------------------------|-----------|--|--|
| Salutation | | | | |
| Mr. Mrs. Ms. | Dr. Other (specify) | | | |
| First Name | Last Name | | | |
| Name of Organization (if applicable) Position/Title (if applicable) | | | | |
| Contact Details | | | | |
| Telephone Type | Telephone No. | Extension | | |
| Home Business (day) Mobil | е | | | |
| Email Address | | | | |
| | | | | |
| | | | | |
| Testimonial Writer 2 - Include the written to | estimonial with this nomination form. | | | |
| Salutation | | | | |
| Mr. Mrs. Ms. | Dr. Other (specify) | | | |
| First Name | Last Name | | | |
| Name of Organization (if applicable) | Position/Title (if applicable) | | | |
| Contact Details | | | | |
| Telephone Type | Telephone No. | Extension | | |
| Home Business (day) Mobil | е | | | |
| Email Address | | | | |
| | | | | |
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| | | | | |



Testimonial Writers - Step 3 of 5 (continued)

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|---------------------|-------------------------|-----------------------------|----------|--|-----------|
| Testimonial Writ | er 3 - Include | e the written to | estin | nonial with this nomination form. | |
| Salutation | | | | | |
| Mr. | Mrs. | Ms. | Dr. | Other (specify) | |
| First Name | | | | Last Name | |
| Name of Organiz | zation <i>(if appl</i> | icable) | | Position/Title (if applicable) | |
| Contact Details | | | | | |
| Telephone Type | | | | Telephone No. | Extension |
| Home | Business (d | <i>day)</i> Mobi | le | | |
| Email Address | | | | 1 | 1 |
| | | | | | |
| | | | | | |
| Optional Addition | nal Material | - Step 4 of 5 | | | |
| produced, etc. S | upporting ma | aterial should b | ре рі | e nomination such as publications, media resented in 8.5" x 11" format and should rerial with the nomination form. | |
| 1. Supporting Ma | aterial <i>(Provi</i> o | le a short desc | riptio | on of the material here.) | |
| 2. Supporting Ma | aterial | | | | |
| 3. Supporting Ma | aterial | | | | |
| 4. Supporting Ma | aterial | | | | |
| | | | | | |



| Nomination Submitted By – Step 5 of 5 | | | | |
|---|---|---|--|--|
| Salutation | | | | |
| Mr. Mrs. Ms. | Dr. Other (specify) | | | |
| First Name | Last Name | Last Name | | |
| Name of Organization (if applicable) | Position/Title (if applicable) | Position/Title (if applicable) | | |
| Address | | | | |
| City/Town/Village/Community | Province/Territory | Province/Territory | | |
| Telephone Type | Telephone No. | Extension | | |
| Home Business (day) Mo | bile | | | |
| Alternate Telephone Type | Telephone No. | Extension | | |
| Home Business (day) Mo | bile | | | |
| Email Address DECLARATION OF NOMIN | LATOR | | | |
| I hereby declare that all the ir in every respect. I understan | nformation provided in this applied that the nominee would be add to be inaccurate for any reason | required to resign from the | | |
| Nominations must be complete by the consideration in the current year. Please Original copies of official documents of provided on this form is collected by the Order of Nova Scotia Act. We collect at of the nominee and to notify successful use and disclose personal information when authorized by the nominee, or what the Protocol and Honours Secretariatat a | ise do not bind or staple mater or photographs will NOT be retule Protocol and Honours Secretari and use personal information provinominee/ nominator of the Ord when necessary to administer the notherwise required by law. For | rials. Do not submit videos, urned. Personal information at under the authority of the vided to assess the eligibility er of Nova Scotia. We only be Order of Nova Scotia Act, or further information contact | | |
| Nominator Signature | | Date | | |