**PROVINCIAL CULTURAL AWARDS 2017-18**

**PUBLIC NOMINATION FORM**

|  |  |
| --- | --- |
| CATEGORY |  |
|  | |
| NAME OF NOMINATOR | PROF / DR / MR / MS |
| NAME AND SURNAME |  |
| ID NO. |  |
| ADDRESS |  |
| CONTACT NOS. |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| NAME OF NOMINEE | PROF / DR / MR / MS |
| NAME AND SURNAME |  |
| ID NO. |  |
| ADDRESS |  |
| CONTACT NOS. |  |
| EMAIL ADDRESS |  |
| GENDER |  |

BRIEF SUMMARY OF ACHIEVEMENT FOR WHICH THE NOMINATION IS MADE

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

A BRIEF CV OR AN ADDITIONAL TWO PAGE MOTIVATION MAY BE ATTACHED

TWO CONTACTABLE REFERENCES

|  |  |  |
| --- | --- | --- |
| NAME | CONTACT NO. | E-MAIL ADDRESS |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| SIGNATURE OF NOMINATOR |  |
| DATE |  |

I hereby accept the nomination.

|  |  |
| --- | --- |
| SIGNATURE OF NOMINEE |  |
| DATE |  |

This form must be forwarded to:

Ms Phumeza Skoti

CEO: ECPACC

16 Elton Street,

Southernwood, East London, 5201, or

PO Box 18372

Quigney, 5211, or

Faxed to: 043 742 0109, or

Emailed to: [info@ecpacc.co.za](mailto:info@ecpacc.co.za) or [pskoti@ecpacc.co.za](mailto:pskoti@ecpacc.co.za)

It may also be dropped off at the office of the Senior Manager of any Department of Sport, Recreation, Arts and Culture offices in the Eastern Cape.

The closing date is 16H00, on Friday, 19 January 2018.