



**VOLUNTARY ACTION
MERTHYR TYDFIL
GWEITHREDU GWIRFODDOL
MERTHYR TUDFUL**

VOLUNTARY ACTION AWARDS 2009

Carers Nomination Form

Each year, Voluntary Action Merthyr Tydfil recognises and honours people who have made an outstanding impact upon their local community, their own personal development and the quality of life of residents within the County Borough, through volunteering.

As part of this annual celebration, we have an opportunity to recognise carers for the exceptional work they do in providing unpaid care and support to ill, frail or disabled friends or family members.

Over 3 in 5 people in the UK will become carers at some time in their lives and most would not ask for help or recognition for the time, commitment and energy they give, even though they often make great sacrifices in their own lives.

This form should be used to nominate someone you know for one of 2 awards:

Adult Carer of the Year (for carers over the age of 25 years)

Young Carer of the Year (for carers under the age of 25 years)

Please complete all sections as fully as you can, referring to the associated Guidance Notes, Information and Rules. If you need help or advice, you can contact one of the Volunteering Officers at VAMT on 01685 353913/353904. Additional copies of this form may be downloaded at www.vamt.net

THE NOMINEE

Please give details of person you are nominating:

Name of person nominated:

Postal Address: _____

Post Code: _____

Telephone: _____

Mobile: _____

E-Mail: _____

THE CATEGORY

Please tick relevant category:

ADULT CARER OF THE YEAR
(25 years and over)

YOUNG CARER OF THE YEAR
(Under 25 years)

THE REFEREES

Name two other people who have agreed to support this nomination form. They will be contacted if the nominated person/group is shortlisted. Please note that each referee must have known this person for at least 6 months.

1. Name: _____

Postal Address: _____

Post Code: _____

Telephone: _____

Email: _____

Position: _____

Organisation: _____

2. Name: _____

Postal Address: _____

Post Code: _____

Telephone: _____

Email: _____

Position: _____

Organisation: _____

THE NOMINATOR

Please note that you must have known the nominee for at least 6 months. They must also have been a carer for at least 12 months.

Name: _____

Position: _____

Organisation: _____

Postal Address: _____

Post Code: _____

Email: _____

Telephone (Private): _____

(Business): _____

I confirm that, to the best of my knowledge, the information given on this form is correct.

Signature: _____

Date: _____

**CLOSING DATE FOR RECEIPT OF NOMINATION FORMS
IS 4 PM ON FRIDAY 22nd MAY 2009**

Please return in an envelope marked Private & Confidential
to: Karen Foley, Voluntary Action Merthyr Tydfil,
89-90 High Street, Pontmorlais, Merthyr Tydfil CF47 8UH