

# FILCCA NATIONAL AWARDS 2025

## SENIORS EXCELLENCE NOMINATION FORM

**Instructions.** Please type or write the required information. Use additional sheets as necessary. Do not leave any entries blank (indicate N/A if not applicable).

<b>1. NOMINATION CATEGORY</b>				
<input checked="" type="checkbox"/> Filipino Australian Senior Excellence Award				
<b>2. GENERAL CRITERIA</b>				
<input type="checkbox"/> Must be at least 65 years of age <input type="checkbox"/> Must be a permanent resident or Australian citizen of Filipino descent <input type="checkbox"/> Has achieved in any area or field of endeavour as a professional, a worker and a community volunteer <input type="checkbox"/> No more than a 2000-word summary of the nominee. <input type="checkbox"/> Has duly completed the official FILCCA nomination form.				
<b>3. CHECKLIST OF REQUIRED ATTACHMENTS AND SUPPORTING DOCUMENTS</b>				
<input type="checkbox"/> Photo (formal close-up or portrait shot) <input type="checkbox"/> Supporting Documents for Work/Professional History <input type="checkbox"/> Supporting Documents for Accomplishments and Contributions <input type="checkbox"/> Supporting Documents for Educational Achievements		<input type="checkbox"/> Testimonials / Referee (at least 2) <input type="checkbox"/> Additional Documentation (if applicable) <input type="checkbox"/> Copy of Certificates and Awards Received		
<b>4. INFORMATION ABOUT THE NOMINEE</b>				
<i>Please attach a formal close-up or portrait photo and a summary about the Nominee, with no more than 1000 words.</i>				
<b>Title</b>	<b>Given Name</b>	<b>Middle Name</b>	<b>Family Name</b>	<b>Suffix</b>
<b>Current Address</b>				
House/Bldg. Number	Street	City/Town	State	Post Code
<b>Contact Information</b>				
Telephone No.		Mobile No. (include country and area codes)		
Email Address		Link to Social Media Accounts (e.g., Facebook, etc.)		
<b>Date of Birth (mm-dd-yyyy)</b>	<b>Place of Birth</b>		<b>Hometown in the Philippines</b> (if different from Place of Birth)	
Click here to enter a date.	(City, Province, Country, post code)		(City, Province)	
<b>Citizenship (Please indicate if dual.)</b>	<b>Civil Status</b>		<b>Sex</b>	
			<input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>5. EDUCATIONAL BACKGROUND</b>				
<i>Please arrange chronologically (starting with the latest) and attach supporting documents. Use additional sheets as necessary.</i>				
<b>Course/Degree/Program</b>	<b>School/College/University</b>	<b>Year</b>	<b>Academic Honors/Awards</b>	

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### 6. SUMMARY OF WORK HISTORY

Please arrange chronologically (starting with the latest) and attach supporting documents. Use additional sheets as necessary.

Designation/Position	Office/Company/Organization	Brief Description of Functions and Responsibilities	Years of Service

### 7. SUMMARY OF ACCOMPLISHMENTS AND CONTRIBUTIONS

Please arrange chronologically (starting with the latest) and attach supporting documents. Use additional sheets if necessary.

### 8. AWARDS/CITATIONS/HONORS

Please arrange chronologically and enclose copies of citations, certifications, and other supporting documents. Use additional sheets if necessary.

Awards/Honors/Citations	Conferred by	When

### 9. TESTIMONIALS

Please list and submit testimonials from at least three (3) competent people or beneficiaries. Additional testimonials and references may be included. Use additional sheets if necessary.

Reference/Beneficiary	Profession/Designation	Address	Tel./Mobile No./E-mail

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### 10. OTHER RELEVANT INFORMATION

Please include information other than those mentioned above that may support the nomination, such as research papers, publications, news or feature articles, other professional/personal affiliations, or additional photographs. Use additional sheets if necessary.

### 11. NOMINATING PARTY

Title	Given Name	Middle Name	Family Name	Suffix
<b>Current Address</b>				
House/Bldg. Number	Street	City/Town	State	Post Code
<b>Telephone No.</b>		<b>Mobile No. (include area code)</b>		
<b>Email Address</b>		<b>Signature of the Nominating Party</b>		

### IMPORTANT REMINDERS

In providing your personal data and the above information, you agree that your data may be used and processed by FILCCA in accordance with the Australia's data privacy laws, primarily governed by the Privacy Act 1988, its implementing rules and regulations.

All documents shall be treated with utmost confidentiality and shall become the property of the Filipino Communities Council of Australia (FILCCA) and will not be returned. Please do not submit original documents that are of value, whether commercial or personal.

Misrepresentation or falsification of information stated in the nomination form or in any of the supporting documents submitted will result in automatic disqualification.

Failure to submit the required documents may be a cause for disqualification from the awards. This nomination and relevant supporting documents must be submitted no later than **15 August 2025** to:

FILCCA Secretary, Heidi Davie via email [filcca.awards2025@gmail.com](mailto:filcca.awards2025@gmail.com) and cc: cc FILCCA President [agnes.mercader@gmail.com](mailto:agnes.mercader@gmail.com)