**McCusker Centre for Citizenship Outstanding Intern Award**

**Nomination Form**

# Contact details of Nominator

|  |  |
| --- | --- |
| **Full Name** |  |
| **Contact number** |  |
| **Email address** |  |
| **Relationship to Nominee** |  |
| **Organisation and Position** |  |

# Contact details of Nominee

|  |  |
| --- | --- |
| **Full name**  |  |
| **Student number (if known)** |  |
| **Email address** |  |
| **Contact number** |  |
| **Intern Position** |  |
| **Intern Organisation** |  |
| **Select Internship Round** |  [ ]  Semester 1 (March – June) [ ]  Semester 2 (August – November) [ ]  Summer (December – February) [ ]  Winter (June – July) |

1. **Selection Criteria**

*Please address each of the criteria in detail when answering the questions below, providing examples where possible.*

* Intern has made a significant contribution to their host organisation during their placement over and above what is normally expected in their role.
* Intern has consistently applied themselves in their work and role within the host organisation, demonstrating a high level of commitment and professional responsibility.
* Intern has displayed a positive attitude towards their work and other team members at the host organisation.
* Intern has fulfilled the criteria above with the view to serve their local, national, or global communities and act in the best interests of their host organisation and beneficiaries, rather than for personal gain.
1. **Application Questions**

|  |
| --- |
| **Describe the contribution made by the nominee to their host organisation during their internship placement and explain why it was significant.** |

|  |
| --- |
| **Outline why you believe the nominee deserves this award (clearly address the selection criteria).** |

|  |
| --- |
| **Is there anything else you would like the selection panel to know about the nominee or include in this application?** |

**5. Referee (Intern Supervisor)**

*Please provide the contact details of the nominee’s intern supervisor to be contacted by the selection committee.*

|  |
| --- |
| **Name:****Organisation:****Title:****Phone (including country and area code):****Email:**  |

*Please save this completed application form (first name.last name .pdf, .doc or .docx) and email to* *info@mccuskercentre.uwa.edu.au*