



NOMINATION FOR THE NAZZARENO VASSALLO AWARD 2026

DETAILS OF PERSON FOR THE AWARD

Full Name

I.D. Card no.*

Address

Date of birth*

Place of birth*

Telephone no.

Mobile no.

Email address

**Please fill in only if applicable*

Why is this person being nominated for the award?

In not more than 300 words, please outline the reason/s why this person should get the award, on the basis that he/she works/worked with older persons, making a significant difference to their life.

DETAILS OF PERSON/ORGANISATION SUBMITTING RECOMMENDATION

Full Name	<input type="text"/>	I.D. Card no.*	<input type="text"/>
Address	<input type="text"/>		
Telephone no.	<input type="text"/>	Email address	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

If recommendation is being made on behalf of an organisation:

Name of Organisation:	<input type="text"/>
Address of Organisation:	<input type="text"/>

The names and addresses of individuals/organisations able to support the recommendation should also be provided.

1. Name and Address:	<input type="text"/>
	<input type="text"/>
2. Name and Address:	<input type="text"/>
	<input type="text"/>
3. Name and Address:	<input type="text"/>
	<input type="text"/>



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Closing Date: 19th June 2026