**Minister of Health Volunteer Awards – Nomination Form**

Use this form to make your nomination for the Minister of Health Volunteer Awards 2025. Enter your details in the nominator details section and the details of the nominee(s) in the nominee details section. Use the text boxes to describe the nominee(s) and the reasons you believe they deserve to win the award.

Once it is complete please submit the nomination by email to volunteerawards@tewhatuora.govt.nz by **5pm on** **23 November 2025**.

**Nominator Details**

|  |  |  |
| --- | --- | --- |
| Name  |  |       |
| Job title  |  |       |
| Organisation name |  |       |
| Organisation’s postal address |  |       |
| Mobile phone |  |       |
| Email |  |       |

**Nominee Details**

|  |  |  |
| --- | --- | --- |
| Name (individual or team)  |  |       |
| Organisation name |  |       |
| Organisation’s postal address |  |       |
| Nominee job title |  |       |
| Nominee’s home address |  |       |
| Mobile phone |  |       |
| Email |  |       |

**Category award** (please select or mark with X)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** |  | **Individual** |  | **Team** |
| Volunteer/s in a health care provider service (including hospitals, public health organisations and general practice practitioners) |  | [ ]  |  | [ ]  |
| Volunteer/s in a community or NGO health service |  | [ ]  |  | [ ]  |
| Volunteer/s in a Māori health service |  | [ ]  |  | [ ]  |
| Volunteer/s in a Pacific health service  |  | [ ]  |  | [ ]  |
| Volunteer/s in a mental health service  |  | [ ]  |  | [ ]  |
| Disabled health volunteer/s |  | [ ]  |  | [ ]  |
| Youth health volunteer/s |  | [ ]  |  | [ ]  |
| Long service volunteer/s |  | [ ]  |  | [ ]  |

**About the nominee** (200 words maximum)

|  |
| --- |
| Describe the nominee(s) role and how long they have been in the role.      |

**Reason for nomination** (200 words maximum)

|  |
| --- |
| Describe why the nominee(s) deserve the award       |
|  |
| **How has the nominee enhanced or bettered the organisation they volunteer for?** (200 words maximum) |
| Outline the benefits the organisation has received since the nominee(s) began volunteering       |
| **Checklist** |
| [ ]  |  | Have you completed the entry form? |
| [ ]  |  | Have you attached a letter of support from your chief executive or equivalent? |
| [ ]  |  | Have you told the nominee that they are being nominated? |
| [ ]  |  | Have you told the nominee that if they are shortlisted, they may need to give their signed agreement to Health New Zealand | Te Whatu Ora for a criminal record check? |

Thank you for taking the time to nominate a volunteer / team.

# What’s next?

Please submit the nomination by email to volunteerawards@tewhatuora.govt.nz by **5pm on** **23 November 2025**.

If you have questions, or need help to fill out this form, please email volunteerawards@tewhatuora.govt.nz.

Once we receive your form, we will contact nominees directly to confirm that they have been nominated for the Awards.

We will contact all nominees again once judging has been completed.