

Keith Lowe Associate Award

The Pony Club Association of NSW

Nomination Form

*Recognising associates for practical assistance and
outstanding service to Pony Club*

Opening Date: 1 March 2017

Closing Date: 25 June 2017



ABOUT THE AWARD

The Keith Lowe Associate Award may be made to an associate member of a pony club affiliated with the association who has given practical assistance and outstanding service to his/her club during their associate years. Riding and competition ability are not major considerations.

Named after a former president, the Keith Lowe Associate Award was inaugurated in recognition of the contribution of Associates to the Pony Club movement.

AWARD RECEIVED

One associate from each zone receives:

- Personalised Keith Lowe certificate
- Keith Lowe badge
- Acknowledgement on the website Honour Roll
- Sponsor product donations TBA

ELIGIBLE NOMINEES

To be eligible for considerations the associate must meet the following criteria:

- Must be at least 19 years and under 25 years of age
- Given practical assistance and outstanding service to his/her club *during their associate years*
- Be an active member of their club at the time of nomination
- Have been a regular member of his/her club for at least three years
- Be recommended by the club committee to the zone chief instructor and the zone committee for approval
- Nomination must be submitted on the official form
- Nomination Form must be signed by the nominee's Club Secretary and supported and signed by the Zone Chief Instructor
- Support from the previous club is required if the nominee's membership changed within the last 3 years

ASSESSMENT PROCESS

Nominations are presented to a sub-committee of the chief instructors' committee for recommendation to council. Maximum number of awards presented per year is 28.

HOW TO NOMINATE

The club committee should recommend an associate to the zone chief instructor and the zone committee for approval. A completed Nomination Form must then be sent to the state office **by 25 June 2016** via: -

Post: PO Box 2085, Wollongong NSW 2500 OR Fax: 02 4229 8966

NOTIFICATION

Successful nominees will be announced at the July State Combined Championships being held in Camden. Nominees if not present at the Championships will then be notified in writing and the award sent via post. Successful nominees will also be published; on the Pony Club Association of NSW website Honour Roll, in the September State newsletter and within media publications pending publisher approval.

DISCLOSURE OF INFORMATION

In the event that the nominee does not wish his/her information to be listed publically please indicate this in the declaration section.

FURTHER INFORMATION

For further information please refer to the Pony Club Association of NSW Handbook; Section 3, page 11, part 22. Keith Lowe Associate Award or consult your Zone Chief Instructor.

KEITH LOWE ASSOCIATE AWARD: NOMINATION FORM

Nominee Name: _____	club member for at least three years? <input type="checkbox"/> Yes. <input type="checkbox"/> No. (Support
Address: _____	from the previous club required in the form of a completed nomination
Postcode: _____ Date Of Birth: __ / __ / __ Age: _____	form.)
Club: _____ Zone: _____ Date Joined: __ / __ / __	Previous Club: _____ Zone: _____ Years at Club: _____
Years at Club: _____ Has the nominee been a regular	Reason for transfer/termination: _____

How has the associate given practical assistance and outstanding service to his/her club during their associate years within the following areas? Please include examples where relevant.

(i) Rally days/Club events:

(ii) Club management:

(iii) Fundraising:

(iv) New member recruitment:

(v) Encourage and assist young riders:

(vi) Promote proper animal care:

(vii) Display and encourage sportsmanship:

DECLARATION: Nominations must be signed by the nominee's Club Secretary and supported and signed by the Zone Chief Instructor. Signed declaration indicates that the nominated associate has been recommended by the club committee to the zone chief instructor and the zone committee for approval. In the event that the nominee is a relative of any of the signatories another member of the club/zone committee must sign.

Club Secretary Name: _____ Signature: _____ Date: __ / __ / __

Zone Instructor Name: _____ Signature: _____ Date: __ / __ / __

Please tick if the nominee does not wish for his/her information to be made public.