



Order of New Brunswick

Deadline: April 1



Submit nomination package by post to:

The Order of New Brunswick
Office of Protocol
P.O. Box 6000
Fredericton, New Brunswick E3B 5H1

Or email to:

onb.brunswick@gnb.ca

I wish to nominate the following person to the Order of New Brunswick – Step 1 of 5

Salutation

Mr. Mrs. Ms. Dr. Other (*specify*)

First Name

Last Name

Name of Organization (*if applicable*)

Position/Title (*if applicable*)

Address

Home Business

P.O. Box

Unit/Suite/Apt.

Street No.

Street Name

Street Type

City/Town/Village/Community

Province

Postal Code

Telephone Type

Home Business (*day*) Mobile

Telephone No.

Extension

Alternate Telephone Type

Home Business (*day*) Mobile

Telephone No.

Extension

Email Address

Preferred Language of Communication

English

French

Nominee's Field of Endeavour

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Arts/Literature | <input type="checkbox"/> Business/Commerce | <input type="checkbox"/> Communications/Media | <input type="checkbox"/> Education |
| <input type="checkbox"/> Environment/Conservation | <input type="checkbox"/> Humanitarian Activities | <input type="checkbox"/> History Preservation | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Science/Technology | <input type="checkbox"/> Sports/Recreation/Fitness | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other (<i>specify</i>) | | |

Nomination Statement – Step 2 of 5

Provide a statement indicating how long you have known the nominee and the reasons you believe this nominee is a worthy candidate. This will be your opportunity to capture the attention of the selection members and to encourage him/her to read your nomination in detail. The statement should be typed and should not exceed one page.

Testimonial Writers – Step 3 of 5

Please provide three (3) testimonial letters from three (3) separate individuals other than the nominator, who have direct knowledge of the value and impact of the nominee’s achievement and who support the nomination. The letters must be typed and signed by the testimonial writer and should not exceed one page. No more than three (3) testimonial letters will be accepted. Please submit the testimonial letters with this nomination form.

Testimonial Writer 1 - Include the written testimonial with this nomination form.

Salutation Mr. Mrs. Ms. Dr. Other (*specify*)

First Name		Last Name	
Name of Organization (<i>if applicable</i>)		Position/Title (<i>if applicable</i>)	

Address Home Business

P.O. Box	Unit/Suite/Apt.	Street No.	Street Name	Street Type
City/Town/Village/Community			Province	Postal Code
Telephone Type <input type="checkbox"/> Home <input type="checkbox"/> Business (<i>day</i>) <input type="checkbox"/> Mobile			Telephone No.	Extension

Email Address

Testimonial Writer 2 - Include the written testimonial with this nomination form.

Salutation Mr. Mrs. Ms. Dr. Other (*specify*)

First Name		Last Name	
Name of Organization (<i>if applicable</i>)		Position/Title (<i>if applicable</i>)	

Address Home Business

P.O. Box	Unit/Suite/Apt.	Street No.	Street Name	Street Type
City/Town/Village/Community			Province	Postal Code
Telephone Type <input type="checkbox"/> Home <input type="checkbox"/> Business (<i>day</i>) <input type="checkbox"/> Mobile			Telephone No.	Extension

Email Address

Testimonial Writers – Step 3 of 5 (continued)

Testimonial Writer 3 - Include the written testimonial with this nomination form.

Salutation Mr. Mrs. Ms. Dr. Other (*specify*)

First Name	Last Name
Name of Organization (<i>if applicable</i>)	Position/Title (<i>if applicable</i>)

Address Home Business

P.O. Box	Unit/Suite/Apt.	Street No.	Street Name	Street Type
City/Town/Village/Community			Province	Postal Code
Telephone Type <input type="checkbox"/> Home <input type="checkbox"/> Business (<i>day</i>) <input type="checkbox"/> Mobile			Telephone No.	Extension

Email Address

Optional Additional Material – Step 4 of 5

You may provide additional material to support the nomination such as publications, media stories, tributes, work produced, etc. Supporting material should be presented in 8.5” x 11” format and should not exceed four (4) pages in total. Please submit the supporting material with the nomination form.

1. Supporting Material (*Provide a short description of the material here.*)

2. Supporting Material

3. Supporting Material

4. Supporting Material

Nomination Submitted By – Step 5 of 5

Salutation

Mr. Mrs. Ms. Dr. Other (*specify*)

First Name

Last Name

Name of Organization (*if applicable*)

Position/Title (*if applicable*)

Address

Home Business

P.O. Box

Unit/Suite/Apt.

Street No.

Street Name

Street Type

City/Town/Village/Community

Province

Postal Code

Telephone Type

Home Business (*day*) Mobile

Telephone No.

Extension

Alternate Telephone Type

Home Business (*day*) Mobile

Telephone No.

Extension

Email Address

Preferred Language of Communication

English

French

I hereby declare that all the information provided in this application is true and accurate in every respect. I understand that the nominee would be required to return the award if the information is found to be inaccurate for any reason.

The New Brunswick Government is collecting the personal information on this nomination form in accordance with Section 10 of the *Order of New Brunswick Act*, which allows any individual or organization to nominate an individual for the Order of New Brunswick, and Paragraph 38(1)(q) of the *Right to Information and Protection of Privacy Act*, which permits a public body to collect personal information for the purpose of determining a person's suitability for an honour or award. The information will be used to review and consider the nominee's suitability to be appointed a member of the Order of New Brunswick by the Order of New Brunswick Advisory Council. While this information is treated as confidential, it may be subject to disclosure in accordance with the *Right to Information and Protection of Privacy Act*. For further information contact the Office of Protocol at onb.brunswick@gnb.ca.

Nominator Signature

Date (YYYY/MM/DD)