

# Gwen Leavesley Award Nomination Form



**This award recognises the outstanding contribution and commitment of a person to family planning in Western Australia.**

Name of nominee: \_\_\_\_\_

Contact details of nominee: \_\_\_\_\_

\_\_\_\_\_

Name of nominator: \_\_\_\_\_

Contact details of nominator: \_\_\_\_\_

\_\_\_\_\_

Association with FPWA: \_\_\_\_\_

Reason for nomination and how the nominee's contribution to family planning in Western Australia has been outstanding and meets one or more of the criteria:

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\_\_\_\_\_

Any other information for consideration:

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