



Nomination Form

Nominee Information

(Please print clearly and sign below)

Name of Nominee

Mailing Address

City, Town, Village

Province

Postal Code

Home Telephone

Work Telephone

Email Address

On behalf of the nominee, I/we, _____, agree to be nominated for the Council of the Federation Literacy Award. I/we confirm the information provided is accurate, and I/we consent to the use and exchange of this information by and between the PEI Department of Workforce and Advanced Learning and the Council of the Federation Literacy Award Selection Committee for the sole purpose of evaluating and selecting award recipients. If I/we receive this award, I/we also consent to having my/our name, location, summary of achievements and photograph released to the media and included in Prince Edward Island government publications for publicity purposes associated with the award.

Signature of Nominee

We are collecting this information under the authority of section 32.2 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, you may contact the Director of Training (902) 620-3980.

Nominator Information

(Complete this section if someone other than the nominee is making the nomination.)

Name

Mailing Address

City, Town, Village

Province

Postal Code

Home Telephone

Work Telephone

Email Address