### CaSPA Meritorius Service Award - Application Form

[Applications Close – April 30, 20\_\_ ]

*Details of the Person Being Nominated:*

Name:

Address:

Mobile: Email:

Date Registration taken out for the 20\_\_ CaSPA Conference:

### Please Indicate which category this person is being nominated for [only details for the category need to be completed below]:

[ ] Category A – 15, 20 or 25 years Service as a Principal in a Catholic Secondary College

[ ] Category B – 15 years Service as an Office Bearer of a State Association and/or Service as a CaSPA Director

### Category A - Years of Service as a Principal

*To be eligible for this Award the person being nominated needs to:*

*have completed* 15, 20 or 25  *years as a Principal in Catholic Secondary Schools in Australia.*

*Be registered for, and attend the 20xx CaSPA Conference*

 *This service does NOTt need to be either*

*Continuous, or*

*In the one jurisdictions*

**Principal Positions in Catholic Secondary Education in Australia**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Start | Date Finish | School | Position | Years |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Years as a Catholic Secondary Principal in Australia:** |  |

### Category B - 12 Years Service as Office Bearer

*To be eligible for this Award the person being nominated needs to:*

*have completed 12 years as an Office Bearer of a jurisdiction Catholic Secondary Principals Association and/or membership as a Director of the CaSPA Board.*

*Be registered for, and attend the 20xx CaSPA Conference*

 *This service does NOTt need to be either*

*Continuous, or*

*In the one jurisdictions*

**Office Bearer Position[s]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Start | Date Finish | Catholic Principal Association | Office Bearer Position | Years |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Years as an Offiec Bearer:** |  |

*Details of the Person proposing the Nomination [leaders may self-nominate for the Awards]:*

Name:

Address:

Current Position:

Mobile: Email:

**Signature: Date:**

*Please forward the completed nomination form to:* *admin@caspa.edu.au* *no later than 30/4/20\_\_*