

Notice of Collection of Personal Information

Personal information contained in or required by this form will be collected and used by the Ministry of the Attorney General, the Ontario Victim Services Secretariat and its authorized representatives to administer the Victim Services Awards of Distinction Program, including processing and assessing the information provided. Except as required by law, personal information will be disclosed only for administering the Program as described above.

Personal information is being collected for the proper administration of a lawful activity authorized under section 5 of the *Ministry of the Attorney General Act*. If you have any questions about the collection and use of your information, please contact James Truman, Policy Counsel, Policy Development, Ontario Victim Services Secretariat, at the address found at the bottom of the Nominee Consent page or by calling 416 212-1107.

Nominator Information

Last Name		First Name	Middle Initial
Title/Position (if applicable)		Name of Organization (if applicable)	
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No.	Fax No.	Email Address	

If you are nominating an organization or program, please provide the information below for the individual who would accept the award on behalf of that organization or program. Please note that only one presentation piece will be available for each award category, regardless of the number of individuals accepting on behalf of an organization or program.

Nominee's Full Name (Last, First): _____

Check one or more of the following:

- Victims or other individuals personally impacted by crime who have raised the profile of victims' issues in the province
- Service providers who deliver exceptional services to victims of crime
- Field practitioners who develop and implement innovative victim service programs and projects
- Volunteers who offer their time and personal resources to help victims
- Youth who dedicate time and effort to support victims in their communities

Summary of Nominee's Accomplishments (Mandatory)

Please summarize the nominee's accomplishments and your reason for nominating this individual, program, or organization.

If more space is required, please use page 2 of this form.

To the best of my knowledge, all of the information contained in this application is true and correct.

Signature

Date (yyyy/mm/dd)

Please note that all applications will be reviewed by an awards panel composed of representatives from the Ministry of the Attorney General, the Office for Victims of Crime and the community.

Attorney General's Victim Services Awards of Distinction – Nominee Consent

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Instructions

Please mail or courier completed nomination forms to:

Fatima Ferreira
Project Coordinator, Victim Services Awards
Ontario Victim Services Secretariat
Ministry of the Attorney General
18 King Street East, 7th Floor
Toronto ON M5C 1C4

Nomination forms must be received by **September 18, 2009** to be eligible for consideration. Only completed and signed nomination forms and supporting documents will be accepted.

Forms must be signed by both the nominator and nominee.

Due to the requirement for original signatures, faxed or email copies of the completed forms cannot be accepted.

Nominee Information			
Last Name		First Name	Middle Initial
Title/Position <i>(if applicable)</i>		Name of Organization <i>(if applicable)</i>	
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No.	Fax No.	Email Address	

Consent to be Nominated

I have read the nomination form, including any additional information provided and I consent to its use and/or disclosure for the purpose of being nominated for an Attorney General's Victim Services Awards of Distinction. I also agree that my name may be released publicly for the purposes of acknowledging my nomination and/or receipt of an award.

Signature

Date (yyyy/mm/dd)

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