BUCKLEY TOWN COUNCII - ANNUAL CERTIFICATE OF MERIT SCHEME	
DATE	
NAME OF NOMINEE	
ADDRESS OF NOMINEE	
NAME OF NOMINATOR(S)	
1	
2	
3	
4	
REASONS FOR NOMINATION	
Note - Please provide as much information as possible, including full details of the activities that the Nominated Person has undertaken which warrant consideration of awarding the Certificate of Merit. Please include photographic evidence (GDPR compliant), if available and any testimonials that may have been provided. The information should indicate the number of years the Nominated Person has undertaken the tasks.	
Signature of Nominator(s):	
1	
2	
3	
4	
LIST OF ENCLOSURES INCLUDED WITH THIS APPLICATION FORM	

Please note that this Application Form must be returned to the Buckley Town Council, Council Offices, Mold Road, Buckley, CH7 2JB by 31st January each year.