# A picture containing text Description automatically generatedGOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

**NATIONAL HONOURS AWARD NOMINATION FORM**

# GUIDANCE ON COMPLETING THE FORM

## THE NATIONAL HONOURS AWARDS (NATIONAL HONOURS ACT, 2016)

The National Honours Award recognizes persons who have achieved excellence in designated categories while contributing to national development. There are several levels of National Honours Awards that are conferred on persons by the Governor-General after receiving recommendations from the Advisory Committee for National Honours.

### Societies of Honour

1. **The Hierarchy of Awards is as follows:**

|  |  |  |
| --- | --- | --- |
| **(a)** | Order of National Hero |  |
| **(b)** | Order of the Nation |  |
| **(c)** | Order of The Bahamas |  |
| **(d)** | Order of Excellence |  |
| **(e)** | Order of Distinction |  |
| **(f)** | Order of Merit |  |
| **(g)** | Order of Lignum Vitae |  |
| **(h)** | Any Honour constituted by the  Governor-General |  |

1. **Distinguished Service Medals** in honour of exceptional service by Bahamians serving in

|  |  |
| --- | --- |
| **(a)** | public service |
| **(b)** | military Service |
| **(c)** | police, fire and prison services; and |
| **(d)** | uniformed services |

Public announcements of awards will be made by the Governor-General on 10th July of each year. Conferment of all Awards will take place on the second Monday in October of each year.

## WHO CAN NOMINATE A PERSON

Anyone can nominate a person for a National Honours Award but you cannot nominate yourself.

## CONFIDENTIALITY

The Advisory Committee for National Honours takes seriously the security of your personal information and that of anyone you nominate. Your information will be held confidentially and accessed only by persons involved in processing the nomination.

A nomination should always be made in confidence and never disclosed to the nominee.

i.

## FILLING IN THE FORM

### A separate form must be completed for each nomination.

* In filling out a **paper copy** of the form, please **PRINT** using blue or black ink.
* For **online users**, you may complete the form which can be downloaded from [www.bahamas.gov.bs](http://www.bahamas.gov.bs/) *“****NATIONAL HONOURS AWARDS FORM (DOCX)”****.* You may sign the form by appending your electronic signature. You must **Save** your completed form on your device. If you do not have an electronic signature, download the completed form and sign it.

## SUBMITTING COMPLETED NOMINATION FORM

* The deadline for all submissions is **31st March, 2025.**
* **Email** your saved Form completed **online** along with any supporting documents as an attachment in

**PDF format** to: [NATIONALHONOURS@BAHAMAS.GOV.BS](mailto:nationalhonours@bahamas.gov.bs)

In the Subject line insert: **NOMINATION FORM FOR NATIONAL AWARD FOR (***name of nominee).*

* Submit completed **paper (hard) copy** of your form, along with any supporting documents, in a sealed envelope to the following addresses: -

|  |  |  |
| --- | --- | --- |
| National Honours Secretariat  Cabinet Office,  Trade Winds Building,  P. O. Box N-7147,  Nassau, N.P., The Bahamas | **OR** | Family Island Administrator Office  in Grand Bahamas and the Family Islands |

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# GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

**NATIONAL HONOURS AWARD NOMINATION FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1a – ABOUT THE NOMINEE** | | | | | | | | | |
| **Title(s)** *(Mr./Mrs./Ms/Miss Professional/Academic/Religious)* | |  | | | | | **Gender** | |  |
| **First Name** | |  | | | | | | | |
| **Middle Name(s)** | |  | | | | | | | |
| **Last Name(s)** | |  | | | | | | | |
| **Known as** *(if different from above)* | |  | | | | | | | |
| **Place of Birth**  *(Island/Country)* | |  | | | | | | | |
| **Date of Birth**  *(dd/mm/yyyy)* | |  | | **Age** | |  | | | |
| **1b - NOMINEE CONTACT DETAILS** | | | | | | | | | |
| **P.O. Box** |  | | **House/Apt #** |  | | | | | |
| **Tel. (Residence)** |  | | **Street** |  | | | | | |
| **Tel. (Mobile)** |  | | **Settlement/ Subdivision** |  | | | | | |
| **Tel. (Business** |  | | **City/Island** |  | | | | | |
| **Email Address** |  | | | | | | | | |
| **1c - NOMINEE EMPLOYMENT DETAILS** | | | | | | | | | |
| **Occupation** |  | | | | | | | | |
| **Position** |  | | | | | | | | |
| **Employer** |  | | | | **Years of Service** | | |  | |
| **Employment Status** | * Actively Employed ☐Retired ☐Other *(State):* | | | | | | | | |
| **2a - NOMINATION – Area(s) of service to which the Nominee has contributed** | | | | | | | | | |
| * Education ☐Hospitality Sector * Health Services ☐Community/Social Services * Agriculture & Fisheries ☐Youth Development * Religion ☐Family Island Development * Sports ☐Arts & Culture *(state specific area(s))* * Law Enforcement ☐Other *(state):* * Public Service | | | | | | | | | |

**2b - (i) DETAILS OF THE SERVICE AND ACHIEVEMENTS OF THE NOMINEE (e.g. ROLES AND POSITIONS/PERIODS OF SERVICE/ IMPACT OF CONTRIBUTION/ VOLUNTARY, CHARITABLE, PHILANTHROPIC SERVICE/ORGANIZATIONS/ SPECIAL AWARDS AND COMMENDATIONS/ETC);**

**(ii) ANY OTHER PERSONAL INFORMATION (Additional pages may be utilized)**

|  |  |  |
| --- | --- | --- |
| **2c - STATE PREVIOUS NOMINATIONS FOR AN HONOUR/AWARDS (NATIONAL/QUEEN’S OR KING’S HONOURS)** | | |
| **Nominated for:** | **Date of Nomination** | **Award Received (State: Yes/No)** |
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|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3 - ABOUT THE NOMINATOR** | | | | | | |
| **Title(s)** *(Mr./Mrs./Ms/Miss Professional/Academic/Religious)* | |  | | | **Gender** |  |
| **First Name** |  | | | | | |
| **Middle Name(s)** |  | | | | | |
| **Last Name** |  | | | | | |
| **P.O. Box** |  | | **House/Apt #** |  | | |
| **Tel. (Residence)** |  | | **Street** |  | | |
| **Tel. (Mobile)** |  | | **Settlement/ Subdivision** |  | | |
| **Tel. (Business)** |  | | **City/Island** |  | | |
| **Email Address** |  | | | | | |
| **Occupation** |  | | | | | |
| **Position/Role** |  | | **Relationship to Nominee** |  | | |
| **4 - DECLARATION** | | | | | | |
| I confirm that the information that I have provided in submitting this nomination is, to the best of my knowledge, accurate and complete. | | | | | | |
| **Signature** |  | | | | | |
| **Date** (dd/mm/yyyy) |  | | | | | |

**ADDITIONAL INFORMATION (For use with Section 2b)**

**Name of Nominee\_ \_ \_ \_**