**LONG SERVICE MEDAL GUIDELINES AND NOMINATION FORM**

The Long Service Medal is awarded after 10 years of service to the Award in a voluntary or paid capacity. A medal service clasp (also referred to as a bar) is awarded for each additional 10 years of service.

**10 Years: Long Service Medal**

1. The medal may be awarded to a volunteer or an employee. This includes those already recognised in the past with a long service plaque, especially if the volunteer is active and will need the medal to receive their subsequent 20 year service clasps to place on the medal ribbon.
2. Arranged by the National Award Office
3. Presented at a State/Territory function or as arranged with the Award Unit
4. The Award Operating Authority will cover 50% of the cost of purchase of the Long Service Medal
5. The recipient will receive a medal, a lapel pin and a certificate (in folder, not framed)signed by the Award Operating Authority Chair and/or the CEO of the NAA.
6. Approved by the Award Operating Authority Board or Executive Officer. A medal ribbon is available for uniformed personnel.
7. The medal when worn is positioned on the right chest. The lapel pin is worn on either lapel.

**RECIPIENT DETAILS**

|  |  |
| --- | --- |
| Full Name |  |
| Residential Address |  |
|  |
| Contact Information | Mobile: |  | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application (Select/Tick) | Long Service Medal |  | Additional 10 Year Medal Service Clasp |  |
| Proposed date of Medal Presentation (DDMMYYYY) |  |

**RECIPIENT AWARD SERVICE HISTORY**

Please attach supporting documentation to verify service for each new role, and/or Award Unit

|  |  |  |  |
| --- | --- | --- | --- |
| Award Unit | Role | Dates of ServiceMMYYYY - MMYYYY | Description of service and notable outcomes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Additional Notes** |  |

**NOMINATOR DETAILS**

Nominations can be made by the recipient or a nominator**.** *Leave blank if applicant is recipient.*

|  |  |
| --- | --- |
| Full Name |  |
| Award Unit/ Organisation |  | Role |  |
| Relationship to Recipient |  |
| Contact Information | Mobile: |  | Email: |  |
| Supporting Documentation |  |
| Signed: |  | Date |  |

**REFEREE DETAILS**

The following is not required if the nominator is the Division (State/Territory) Office

|  |  |
| --- | --- |
| Referee Full Name |  |
| Award Unit/ Organisation |  | Role |  |
| Relationship to Recipient |  |
| Contact Information | Mobile: |  | Email: |  |
| Supporting Documentation(list and attach) |  |

**STATE/TERRITORY AWARD OFFICE RECOMMENDATION**

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to Recipient |  |
| Contact Information | Mobile: |  | Email: |  |
| Supporting Documentation(list and attach) |  |
| Signed: |  | Date |  |

Send completed form and attachments to your Division (State/Territory Award Office)

OR

Send completed form and attachments to the National Award Authority via: emily.smith@dukeofed.com.au

**For further information:** 02 8241 1500 (select prompt 3)