

# GAWAD CES NOMINATION FORM



Document No: QPPMA04F01

Rev: 0

Effective Date: May 31, 2018

*Instruction : This FORM shall be filled out by the NOMINATOR and submitted to CESB in not more than twenty (20) pages, including attachments.*

## PART I: Basic Information

<b>NOMINEE'S INFORMATION</b> (for group nomination use additional sheet/s)	
	NAME OF THE NOMINEE (Last) (First) (Middle)
	Date of Birth: Place of Birth:
	Position:
	Department/ Agency/Region:
	Mailing Address:
	Eligibility /Rank Status:

<b>NOMINATOR'S INFORMATION</b>	
NAME OF THE NOMINATOR: (Last) (First) (Middle)	
Position/Title:	Relation to the Nominee:
Agency/Organization/ Institution Representative:	
Mailing Address:	
Contact Information: Phone Number: E-mail Address:	Mobile Number:

**How long and in what capacity have you known the Nominee/Group?**

**Has the Nominee/Group been nominated in the CES Recognition Program before?**

If yes, by whom and when?

**In case of re-nomination, is the nominee/group being cited for the same contributions/ accomplishments?**

\_\_\_\_\_  
Signature over Printed Name of Nominator

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**Instruction : Please provide as complete, concrete and concise answers as possible.**

## PART II: Abstract of Nominee's/Group's Accomplishment

1. **Please list and describe the most outstanding accomplishment/s or contribution/s of the NOMINEE/GROUP in the last five years.**

Accomplishment #1

Accomplishment # 2

Accomplishment # 3

2. **Why would you consider each of the above accomplishments REMARKABLE and WORTHY of recognition in the GAWAD CES?**

Accomplishment #1

Accomplishment # 2

Accomplishment # 3

3. **Describe the IMPACT of each accomplishment.** *(What problems/needs each of his/her/their accomplishment addressed/ solved/minimized? How did it improve the beneficiaries, the sector served, delivery of services; what was their condition before the NOMINEE's/GROUP's intervention? How did it result to higher level of organizational performance/productivity /efficiency/effectiveness? How did it enhance policy-making and governance? How much savings/income generated?)*

Accomplishment # 1

Accomplishment # 2

Accomplishment # 3

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4. What was the distinct/critical ROLE performed by the NOMINEE/GROUP in carrying out each accomplishment? (*How would the outcome be different without the NOMINEE's participation?*) For GROUP nomination, discuss the ROLE of each MEMBER.

Accomplishment # 1

Accomplishment # 2

Accomplishment # 3

5. Would you consider the NOMINEE's/GROUP's accomplishments sustainable? How/Why?

Accomplishment # 1

Accomplishment # 2

Accomplishment # 3

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## PART III: Description of the Nominee's Personal Attributes (For group nomination, please discuss per member)

1. What **other awards, recognition and citations received** by the NOMINEE in the department, community, region?
2. How would you describe the **traits** of the NOMINEE:  
  
As a LEADER  
  
As a MEMBER of the community of CESOs/Eligibles  
  
As a FAMILY MEMBER (*if information is available*)
3. How has the NOMINEE been described or is regarded by his/her **peers in the region/department, by subordinates, LGU officials, private sector, NGOs, etc?**
4. How would you describe the NOMINEE's **integrity?**
5. Other information that demonstrate NOMINEE's **ability** in leading people, driving results, optimizing resources, building coalitions/linkages.

## PART IV: LIST OF REFERENCES

**Instruction:** Please list *TWO REFERENCES* who are very familiar with the NOMINEE's/GROUP's accomplishments/contribution and personal attributes. Include their Name, Position, Affiliation/Organization, Address, Telephone, Fax, Mobile Numbers, and Email address.

I attest to the COMPLETENESS, TRUTHFULNESS and ACCURACY of all facts and claims stated herein.

**NOMINATOR**

Signature and Printed Name/Date

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## PART I: Basic Information (Group Nomination Page \_\_\_)

NOMINEE'S INFORMATION	
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	Date of Birth: Place of Birth:
	Position:
	Department/ Agency/Region:
	Mailing Address:
	Eligibility /Rank Status:

NOMINEE'S INFORMATION	
	NAME OF THE <b>NOMINEE:</b> (Last) (First) (Middle)
	Date of Birth: Place of Birth:
	Position:
	Department/ Agency/Region:
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NOMINEE'S INFORMATION	
	NAME OF THE <b>NOMINEE:</b> (Last) (First) (Middle)
	Date of Birth: Place of Birth:
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