**Awards submission form**

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| **Required information** | | **Description** |
| Full names of the applicant | |  |
| Contact Details | Phone number |  |
| Email |  |
| Category contested | |  |
| Title of the publication | |  |
| Date published, aired or broadcasted | |  |
| Link to your online published materials, or story or digital copy (if scanned, please attach under this form) | |  |
| Media outlet which published | |  |
| Audience Size/estimate readership if known | |  |
| Describe how your submission meets the winning criteria criteria listed above | |  |