**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 |  |