

**APPLICATION FORM
APPLICATION TO THE LIEUTENANT GOVERNOR OF QUÉBEC'S
FIRST PEOPLES MEDAL**

This form contains all the information required to evaluate nominations for the First Peoples' Medal. It is therefore mandatory.

We remind you that all information exchanged through documents, verbal and written communications or other means is of a confidential nature and may not be disclosed to anyone in any way whatsoever.

Category

First Nations _____; specify _____ Inuit Nation _____

Presentation of the nominee

Title: Ms. _____ Mr. _____ Other, specify _____

First name _____

Last name at birth _____

Date of birth _____ Candidate's language _____

Contact details

Postal _____

Telephone _____ Email _____

Area(s) of involvement

Arts and Media _____

Education _____

Justice _____

Health-Social services _____

Community Services-Civil _____

Engagement _____

Culture, Language and Tradition _____

Entrepreneurship-Business _____

Politics _____

Sciences-Technology _____

Sport _____

Other, specify _____

Text introducing the nominee (background and achievements)

(attach an additional page or text if necessary)

References

Please provide us with the requested information on at least one people who the Advisory Committee may contact to discuss the application

First person

Title: Ms. _____ Mr. _____ Other, specify _____

First name _____ Last name _____

if applicable, member of the organization _____

Title/position _____

Relationship to the nominee _____

Contact details

Postal _____

Telephone _____ Email _____

Second person

Title: Ms. _____ Mr. _____ Other, specify _____

First name _____ Last name _____

if applicable, member of the organization _____

Title/position _____

Relationship to the nominee _____

Contact details

Postal _____

Telephone _____ Email _____