



APPLICATION FORM FOR INFINITY COMMUNITY SOLUTIONS LTD BOOST AWARDS

Date of Submission:

Name of Young Person Being Nominated:

Which Department of Child Safety Services Centre:

Best Adult Contact *(include name / email / mobile):*

In 50 words or less tell us what the Child / Young Person has excelled in:

In 100 words or less tell us why the Child / Young Person deserves the award:

What will the award purchase? *(please be as detailed as possible including the Price and date required by)*

Please confirm that you understand that this cannot be purchased via Department of Child Related Costs Process

All applications will be acknowledged and actioned within 4 weeks from the date received. Urgent applications may be considered by the committee. If urgent please indicate below.

Please Prioritise this Application

Date Item Required By: