**STEWARDS OF SINGAPORE’S INTANGIBLE CULTURAL HERITAGE AWARD 2020**

**NOMINATION FORM (INDIVIDUAL)**

**General Instructions for Filling in of Form**

All fields are compulsory. Please enter “N.A.” if the field is not applicable.

Fields should be typed, not handwritten.

For enquiries, please email to: oursgheritage@nhb.gov.sg

Please mail a completed copy of this form and all supporting documents to:

Stewards of Singapore’s Intangible Cultural Heritage Award Secretariat

National Heritage Board

61 Stamford Road #03-08

Stamford Court

Singapore 178892

**Section 1: Nomination Method**

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| --- | --- | --- | --- | --- |
| Nomination method  (Please tick one) |  | Self-nomination |  | Nomination of Others |

**Section 2: Nominee’s Information**

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| --- | --- | --- | --- | --- | --- |
| Salutation and Name of Nominee as in NRIC  (Please underline surname) | (Please choose one)  Mr./Ms./Mrs./Dr./Prof. | | |  | |
| NRIC No.  (Please provide only the last 4 digits and letter, e.g. 1234A) |  | | | | |
| Contact Details | Contact No. | | | Email | |
| Registered Address |  | | | | |
| Address of Practice, if different from Registered Address |  | | | | |
| Category of Intangible Cultural Heritage (“ICH”) up for nomination  (Please tick at least one)  \*The full inventory of ICH elements can be found on roots.sg/learn/resources/ich. Please refer to this link to see what category the ICH element falls under. Please also note that the nominee should have been practising for a **minimum of 10 years.** | ☐ | Performing Arts | ☐ | | Traditional Craftsmanship |
| ☐ | Oral Traditions and Expressions | ☐ | | Social Practices, Rituals and Festive Events |
| ☐ | Knowledge and Practices concerning Nature and Universe | ☐ | | Food Heritage |
| Please state the exact name of the ICH element here | | | | |

**Section 3: Nominator’s Information**

Please skip this section if you ticked “self-nomination” in the above section.

|  |  |  |
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| Salutation and Name of Nominator as in NRIC  (Please underline surname) | (Please choose one)  Mr./Ms./Mrs./Dr./Prof. |  |
| NRIC No.  (Please provide only the last 4 digits and letter, e.g. 1234A) |  | |
| Contact Details | Contact No. | Email |
| Relation to Nominee |  | |

**Section 4: Details of the Nomination**

Please fill in the following fields in accordance to the evaluation criteria. Where applicable, please attach **photocopies** of relevant supporting documents (letters of support, news articles, testimonials, videos and photographs, etc). Please **do not** submit original copies. NHB reserves the right to request for further information and/or certified true copies.

1. **Mastery of Skills and Practice**
2. **Displays excellence in the application of both knowledge and skills, and long-term commitment to the practice and craft**

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| *Please provide a short write-up (300 words max) explaining the ICH element and how long the nominee has been practising it.* |
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1. **Evidence of excellence in application of knowledge and skills**

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| *Please attach evidence of the nominee’s skills and knowledge in the ICH element. These can take the form of newspaper articles, letters of support from other practitioners, or photographs. This information should be submitted as an annex together with this nomination form.* |
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1. **Transmission of Skills and Knowledge**
2. **Displays outstanding efforts to transmit skills and knowledge**

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| *Please provide a short write-up (300 words max) summarising outreach efforts to members of the public, such as training of apprentices or promotional efforts to schools. This may include efforts to profile the practice or craft at a local, regional or international level.* |
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1. **Evidence of regular engagement with the wider community**

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| *Please attach evidence of efforts to transmit skills and knowledge through regular engagement with the wider community. These can take the form of newspaper articles, testimonials from people who have attended outreach sessions, or photographs. This information should be submitted as an annex together with this nomination form.* |
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1. **Other Relevant Contributions**

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**Declarations**

If this is a **self-nomination**, please acknowledge the following:

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| I understand that NHB has the right to contact me to confirm the veracity of the information submitted, and ask for clarification if necessary. I agree that NHB may collect, use and disclose any personal data provided by me in this application form, for the purposes of processing, evaluating, and responding to me in relation to this nomination. |
| I confirm that I have been a practitioner of the ICH element named in this application form for at least 10 years as of the date of submission. |
| I declare that all information provided by me in this application form is true and correct. |

Name and Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are making this application **on behalf of** **someone else**, please acknowledge the following:

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| I declare that I have obtained the informed consent of the individual I am  nominating, as indicated in the “For Acknowledgement by Nominee” section  below. |
| I understand that NHB has the right to contact me to confirm the veracity of the  information submitted, and ask for clarification if necessary. I agree that NHB  may collect, use and disclose any personal data provided by me in this  application form, for the purposes of processing, evaluating, and responding to  me in relation to this nomination. |
| I declare that all information provided in this application form is true and correct. |

Name and Signature of Nominator Date

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**For Acknowledgement by Nominee in the case of being nominated by someone else**

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| I agree to the above nomination. |
| I confirm that I have been a practitioner of the ICH element named in this application  form for at least 10 years as of the date of submission. |
| I understand that NHB has the right to contact me to confirm the veracity of the  information submitted, and ask for clarification if necessary. I agree that NHB may  collect, use and disclose any of my personal data provided in this application form, for  the purposes of processing, evaluating, and contacting me in relation to this  nomination. |

Name and Signature of Nominee Date

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