**STEWARDS OF INTANGIBLE CULTURAL HERITAGE   
AWARD 2021**

**NOMINATION FORM (INDIVIDUAL)**

**General Instructions**

All fields are compulsory and should be typed rather than handwritten. Please enter “N.A.” if the field is not applicable.

For softcopy submissions, please submit a completed softcopy of this form and all supporting documents (with a maximum of up to 10 MB in total file size) to: [oursgheritage@nhb.gov.sg](mailto:oursgheritage@nhb.gov.sg).

For hardcopy submissions, please mail a completed hardcopy of this form and all supporting documents to:

Stewards of Intangible Cultural Heritage Award Secretariat

National Heritage Board

Stamford Court

61 Stamford Road #03-08

Singapore 178892

For enquiries, please email [oursgheritage@nhb.gov.sg](mailto:oursgheritage@nhb.gov.sg).

**Section 1: Nomination Method**

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

**Section 2: Nominee’s Information**

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| --- | --- | --- | --- | --- | --- |
| Salutation and Full Name of Nominee as in NRIC  (Please underline surname) | (Please choose one)  Mr./Ms./Mrs./Dr./Prof. | | |  | |
| NRIC No. |  | | | | |
| Contact Details | Contact No. | | | Email | |
| Registered Address |  | | | | |
| Address of Practice, if different from Registered Address |  | | | | |
| ICH Element as listed in ICH Inventory\*  \*The full inventory of ICH elements can be found on roots.sg/learn/resources/ich.  Please refer to this link to view how the ICH element is listed and what category it falls under. |  | | | | |
| Category of Intangible Cultural Heritage (“ICH”) up for nomination  (Please tick at least one) | ☐ | Performing Arts | ☐ | | Traditional Craftsmanship |
| ☐ | Oral Traditions and Expressions | ☐ | | Social Practices, Rituals and Festive Events |
| ☐ | Knowledge and Practices concerning Nature and Universe | ☐ | | Food Heritage |

**Section 3: Nominator’s Information**

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

|  |  |  |
| --- | --- | --- |
| Salutation and Full Name of Nominator as in NRIC  (Please underline surname) | (Please choose one)  Mr./Ms./Mrs./Dr./Prof. |  |
| NRIC No. |  | |
| Contact Details | Contact No. | Email |
| Relationship to Nominee |  | |

**Section 4: Details of the Nomination**

1. **Mastery of Skills and Knowledge**
   1. **Evidence of long-term commitment to the practice**

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| *Please provide a short write-up (max 300 words) describing the nominee’s practice of the ICH element. Please include evidence that the nominee has been practicing for a minimum of 10 years.* |
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* 1. **Evidence of excellence in application of knowledge and skills**

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| *Please provide evidence of the nominee’s skills and knowledge of the ICH element. Examples of such evidence are newspaper articles, testimonials, and/or photographs. This information can be submitted as an annex together with this nomination form, or as a separate attachment.* |
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1. **Transmission of Skills and Knowledge**
   1. **Evidence of outstanding efforts to transmit skills and knowledge**

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| *Please provide a short write-up (max 300 words) summarising transmission efforts within the community and to the next generation, such as the training of apprentices or students or through mentoring efforts.* |
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* 1. **Evidence of regular engagement with the community**

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| *Please provide evidence of regular engagement to raise awareness of the practice to the community, such as through public performances, or profiling the practice at a local/regional/international level. Examples of such evidence are newspaper articles, testimonials, and/or photographs. This information can be submitted as an annex together with this nomination form, or as a separate attachment.* |
|  |

1. **Positive Impact and Influence**

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| *Please provide evidence of positive contributions to the community through the practice. Examples include efforts to encourage cross-cultural exchange, and participation in research and documentation efforts.* |
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NHB reserves the right to request for further information and/or certified true copies of supporting documents submitted.

For softcopy submissions, where applicable, please attach scanned copiesof relevant supporting documents (letters of support, news articles, testimonials, videos and photographs, etc.) either as an annex to this form, or as separate email attachments.

For hardcopy submissions, where applicable, please attach photocopies of supporting documents only. Please do not submit original copies.

**Declarations**

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

|  |
| --- |
| 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 this is a nomination **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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**Application Checklist**

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| **Before submitting, have I ensured that:** | **Indicate with a tick below if completed** |
| All details, such as e.g. Nominees’ Information, Nominator’s Information (where applicable) and Declarations etc. are filled up correctly? |  |
| Write-ups under Details of Nomination have been completed, are within the word limit and are substantiated by relevant pieces of evidence. |  |
| All scanned copies or photocopies of supporting documents are included, either as an annex to this form or as separate email attachments. |  |
| One (1) softcopy of application form and supporting documents will be submitted to NHB via email; OR  One (1) hardcopy of application form and supporting documents will be submitted to NHB via mail. |  |