

Award Application Form 2018



Name of Award	2018 IQA Supplier Member of the Year
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Nominee name			
Address			
Telephone	work	home	mobile
email	work	home	
Preferred contact method (Circle one)	At home/work By phone/email any		
Signed applicant/nominee			Date

Nominator name	If applying for self tick here () & skip remainder of section		
Address			
Telephone	work	home	mobile
email	work	home	
Preferred contact method (Circle one)	At home/work By phone/email any		
Signed by nominator			Date:

<i>Office only</i> Date received	
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Eligibility	Nominee or Nominator Member No:
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Consent	<p>Do you agree to be contacted by IQA members regarding your submission? Yes / No</p> <p>Do you agree to present your submission at your local branch meeting? Yes / No</p>
Award Criteria 1.	<p>The submission will be judged against the following demonstrable criteria:</p> <p>Applicants will be judged against:</p> <ul style="list-style-type: none"> • Employment history • Broad industry knowledge • Demonstration of personal attributes such as (but not limited to) ambition, leadership, drive, independence, initiative, teamwork. • Industry participation and contribution • Demonstrated excellence in their work <p>Letters of recommendation from next tier manger or above</p>
2.	
3.	

4.	
5.	

Attachments (Optional)	List any additional information you have attached to support this application. (i.e.CV, reports, reference)