**Outstanding Contribution Award 2021**

**NOMINATION FORM**

Candidates can have as much input into the nomination process and form as they wish. However, this form should be endorsed by the employer for the nominated employee. Please also enclose any relevant testimonials from colleagues, supervisors, customers, trainers etc, which will enhance the application.

|  |
| --- |
| **Candidate Details** |
| **Full Name** |  |
| **Date of Birth** |  |
| **Current Position** |  |
| **Employer Name (Firm and person endorsing nomination)** |  |
| **Employer Address** |  |
| **Telephone No** |  |
| **Email Address** |  |
| **Candidate’s CII PIN** |  |

|  |
| --- |
| **Reasons for nomination (details of achievement both professional and personal)**  |
|  |
| **Details of any additional enclosed testimonial documentation** |  |

The judging panel’s decision is final. No current member of the Insurance Institute of Sheffield main council is eligible to enter. Winners’ details and/or photographs taken at the Annual Dinner may be used in press releases and other media by the Chartered Insurance Institute.

[Date]

**CANDIDATE TO SIGN AND DATE BELOW**

**Signature…………………………………………….**

**Date……………………………………………………**

**EMPLOYER TO SIGN AND DATE BELOW**

**Signature……………………………………………**

**Date……………………………………………………**