

 **COVID-19 Outstanding Team Contribution Award Nomination Form**

1. **Nominator contact details**

(Unless we are otherwise advised, this will be the first point of contact for CTSI)

Name: ..................................................................................................................................

Position: ..............................................................................................................................

Branch/Section: ..................................................................................................................

Address: ..............................................................................................................................

 …………...............................................................................................................................

Post Code: ........................................................ Telephone: ..............................................

Email: ..............................................................Mobile: .......................................................

1. **Nominee(s) details**

Name of Team: ...................................................................................................................

Organisation: ......................................................................................................................

Address: ..............................................................................................................................

 ….........................................................................................................................................

Post Code: ........................................................ Telephone: ..............................................

Email: ..................................................................................................................................

1. **Nomination**

Account of why the individual or team has been put forward for a Hero Award (To a maximum of two A4 sides). Any further supporting evidence to be attached as appendix.

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1. **REFERENCES** (Each entry requires the name of two referees.)

Name: ........................................................... Name: ..........................................................

Title: ………………………………………… Title: …………………………………………….

Tel. no: .......................................................... Tel. no: ........................................................

Email: ............................................................ Email: ..........................................................

 Nominator's Signature: ................................................. Date: ....................................

The entry will become the property of the Chartered Trading Standards Institute which reserves the right to publish it (in full, in part, or in edited form) in articles publicising the awards and entries received.

CTSI press office will contact you to discuss this in the context of Hero Award communications.

**If the nomination contains sensitive information, or if the nominee(s) is/are considered vulnerable please check this box** [ ]

Completed entries should be sent by the deadline of **Tuesday 1 September 2020** to:

|  |  |
| --- | --- |
| CTSI Press Office1 Sylvan CourtSylvan WaySouthfields Business ParkBasildonEssexSS15 6TH | Or via e-mail to - pressoffice@tsi.org.uk |

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