**LIVERPOOL INSURANCE INSTITUTE**

**IIL Exceptional Service Award Nomination Form**

**Please read the GUIDANCE NOTES FIRST before completing this nomination form:**

* The Awards are open to CII **and** PFS Members who have demonstrated outstanding or exceptional qualities and achievements within the Liverpool Insurance Institute.
* The Awards Panel relies greatly on the information provided in letters of support, as they can strengthen any nomination by providing additional relevant personal information and details of both professional and other achievements. These letters can be an email, handwritten or typed. (Please note that at least two letters of support (more are allowed), should be from two different co-sponsors and not from the nominator.
* The nomination form must be accompanied by a covering letter or email from the nominator otherwise the nomination form **will not** be accepted.

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| --- | --- | --- |
| **1. a)** | **Nominator’s Name & Address:** |  |
|  |  |
|  |  |
|  | **Tel:** |  | **E-mail:**  |  |
| **1. b)** | **Name of Nominator’s Institute:** |  |

**Details of Nominee**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** |  | **Name:**(Forename(s) in full) |  |
|  |  | **PIN:** (if known) |  |  |  |
|  |  | **Address:** |  |
|  |  |  |
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| **3.** | **Please obtain at least two (or more) co-sponsors whose letters endorse the nominee’s contribution.** Ideally these should be attached to this form. Please list below the names of the supporters (the nominator should not provide a support letter): Office  Use Only |
|  | **Name(s):** |  |  |  |
|  |  |  |  |
|  |  |  |  |

**The Recommendation**

In this section, space has been provided to set out details of how the nominee has made a significant contribution personally to the CII/institute locally, regionally and/or nationally.

It is important that you give as much detail as possible about what your nominee has achieved which makes them stand out against others.

Having read the guidance notes...

|  |  |
| --- | --- |
| **A.** | **Why do you think this person should receive an award? (provide as much detail as possible)** |
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| --- | --- |
| **B.** | **To what extent has this person contributed to local institute activity, led or supported their local institute? (Include officer roles)** |
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| --- | --- |
| **C.** | **What contribution has this person made within their local community and/or other professions to the local institute?** |
|  |  |

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| --- | --- |
| **D.** | **How has this person introduced new initiatives or processes or demonstrated leadership within the insurance profession?** |
|  |  |

**Signature: .............................................................. Dated: ................................**

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