

## NOMINATION FORM

Candidates Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Phone No: [    ] \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_

1. I am 35 years of age, or younger (as specified in the eligibility criteria).
2. I will abide by the rules of the award and accept the judges' decision as final.
3. I indemnify the RWTA against any loss or damage which may incur, by accident or otherwise during the course of the award.
4. I indemnify the RWTA against any legal redress for any illegal use of information or material by myself in the course of the award.
5. I endorse the RWTA's use of any information submitted by me as they see fit and agree to the distribution to members of the RWTA or other interested parties.

Nominee (Full Name): \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Employer Ratification

I/We hereby consent, as the Nominee's current employer, to his/her availability for judging and evaluation and for any other activity as deemed necessary by the RWTA during the program of the award and agree to commit to all the responsibilities as set out in the criteria and guidelines.

Employer Representative: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

THIS AWARD IS SPONSORED BY