

**Nomination for RSCM Honorary Award**

|  |  |
| --- | --- |
| Name of person being nominated |  |
| Preferred form of address of nominee (eg Dr Jones) |  |
| Address of nominee |  |
| Email address of nominee |  |
| Phone number(s) of nominee |  |
| Which of the RSCM awards do you regard as most appropriate? (Please refer to Awards Criteria. Please note that the RSCM Council reserves the right to make a different award.) |  FRSCM (Fellow of the RSCM) ARSCM (Associate of the RSCM) HonRSCM (Honorary Member of the RSCM) Certificate of Special Service |

Nominations may be submitted by:

* Members of RSCM Council
* Senior RSCM Staff, Regional Co-ordinators, Volunteer Team Leaders
* Chair or Secretary of RSCM Area Committee
* RSCM Region One Regional Panel Members
* President or Secretary of RSCM America, RSCM Australia, RSCM Canada,

RSCM New Zealand, RSCM South Africa

* Chair or Secretary of a Branch of RSCM America, RSCM Australia, RSCM Canada,

RSCM New Zealand, RSCM South Africa

Nominations submitted by any other person must be seconded by one of the above.

|  |  |
| --- | --- |
| Name of nominator |  |
| Nominator’s role/position in RSCM |  |
| Address of nominator |  |
| Email address of nominator |  |
| Phone number of nominator |  |

-2-

If a seconder is required according to the criteria above, please fill in the boxes below.

|  |  |
| --- | --- |
| Name of seconder |  |
| Seconder’s role/position in RSCM |  |
| Address of seconder |  |
| Email address of seconder |  |
| Phone number of seconder |  |

Please state in a BRIEF paragraph why you are nominating this person for an award. Please ensure that the paragraph relates to the published criteria for the award for which you are nominating. If you wish to include further information, please attach a separate sheet.

*NB Please note that accuracy is important. If the nomination is successful, some or all of this information may be used in the honorand’s citation.*

|  |
| --- |
|  |

Nominations will be considered by a Scrutiny Group for presentation to RSCM Council for approval.

|  |
| --- |
| This nomination should be treated with total confidentiality. RSCM Council is unlikely to be able to act on every nomination. Please note that Council makes honorary awards at its discretion and cannot enter into correspondence on the merits of a particular nomination.  |

**Please return this form by post or email to the following address by 1 September 2020:**

**Honorary Awards, c/o The Director, RSCM, 19 The Close, Salisbury SP1 2EB, UK**

**Email: honoraryawards@rscm.com**

-3-

All nominations will be acknowledged. If you have not received acknowledgement by the close of the first working day after 1 September, please contact us immediately to check receipt of your nomination.

|  |  |  |  |
| --- | --- | --- | --- |
| *Signature of principal nominator* |  | *Date* |  |
| *Signature of seconder (if required)* |  | *Date* |  |

*Sept 2019*