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**Fellowship Nomination From**

**Please write your answers in BLOCK CAPITALS using BLACK INK. To be completed in FULL.**

**Name in Nominee in Full:**

**Date of Birth:**

**Home Address: Business Address:**

**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership Number**

**Professional Qualifications:**

**Education and Training:**

**Number of years in or associated with the Cleaning Industry and in what capacity**

**Details of Career**

May include Current employment, previous employment Companies, job titles

**Nominee’s particular interests and activities in BICSc**

**Statement by Proposer in Support of the Nominee (up to 500 words)**

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**Length of acquaintance**

**Proposer**

**Seconder**

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| --- |
| **Declaration By Proposers in Support of the Nominee**  **We hereby propose and recommend the Nominee for the gift of Fellowship of BICSc**  The signatures are required of two full members of BICSc, one of whom should be a Member of Council or supported by a member of Council  **Proposer**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Please write in BLOCK CAPITALS  **Seconder**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Supporting member of Council if not one of the above**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please write in BLOCK CAPITALS**  Please write in BLOCK CAPITALS |

**Please return the completed application form to:**

**CEO**

**BICSc**

**OFFICE ACTIONS**

**Date Nomination received**

**Sent to Council**

**Decision of Council**

**Information to new Fellow**

**Certificate presented**

**Signed - CEO**

**Signed - Chairman**

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