The Peter Isaac Award: Application Form

# Section 1: Applicant Details

|  |  |
| --- | --- |
| Full Name |  |
| Job Title and/or Course Title |  |
| Address |  |
| Contact Number |  |
| Contact Email Address |  |

# Section 2: Nominations

Please [tick] one option, which best fits your application.

|  |  |  |
| --- | --- | --- |
| 1 | Self-nomination |  |
| 2 | Nominating another individual |  |
| 3 | Team nomination (including yourself) |  |
| 4 | Team nomination (excluding yourself) |  |

# Section 3: Nominee / Team Member(s) Details) (if applicable)

If you have answered the previous section with ‘self-nomination’, please ignore this section and proceed to section 4.

If you have selected option 2,3 or 4 from Section 2, please include the details below for all Nominees and/or Team Members involved in the initiative. Additional rows can be added as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name | Job Title and/or Course Title | Address | Contact Number | Contact Email Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Section 4: Referee Details

|  |  |
| --- | --- |
| Full Name |  |
| Job Title and/or Course Title |  |
| Address |  |
| Contact Number |  |
| Contact Email Address |  |

# Section 5: List of Attachments (if applicable)

A maximum of two attachments is allowed.

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |

# Section 6: The Submission

Use the space below to write your submission, please remember to add the specific information requested within the Peter Isaac Award guidelines: <http://www.bohs.org/the-peter-isaac-award/>