

**2022 AWARDS NOMINATION**

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| --- | --- |
| **Awards Category:** | **INDUSTRY SPECIFIC RISK INITIATIVE****INDUSTRY:** |
| **NOMINEE’S INFORMATION** |
| 1. | What is the name of the organisation you are nominating? |
|  |  |
| 2. | Brief summary of the organisation |
|  |  |
| 3. | What is the name of the initiative being nominated? |
|  |  |
| 4. | What is the background of the initiative? |
|  |  |
| 5. | Award Category (Industry) – Nominee’s core business |
|  |  |
| 5.1 | If other, please specify |
|  |  |
| 6. | Who would accept the award should this initiative win? |
|  |  |
| 7. | Nominee’s Name |
|  |  |
| 8. | Nominee’s Phone number |
|  |  |
| 9. | Nominee’s Cellphone number |
|  |  |
| 10.  | Nominee’s Email Address |
|   |  |
| **NOMINATOR’S INFORMATION** |
| 11. | Nominator’s Name |
|  |  |
| 12. | Nominator’s Phone number |
|  |  |
| 13. | Nominator’s Cellphone number |
|  |  |
| 14. | Nominator’s Email Address |
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| 15. | What is your involvement with the initiative? |
|  |  |
| **RATIFICATION** |
| 16. | Who is the Senior that the team reports to? (Name and Title) |
|  |  |
| 17. | Senior’s Phone number |
|  |  |
| 18. | Senior’s Cellphone number |
|  |  |
| 19. | Senior’s Email Address |
|  |  |
| 20. | Has this nomination been approved by the Organisation? |
|  |  |
| **NOMINATION DETAILS** |
| 21. | What is the initiative being nominated? |
|  |  |
| 22. | Has the initiative been completed in the last 18 Months? |
|  |  |
| 23. | What has the initiative accomplished? |
|  |  |
| 24. | How does this initiative fit in the overall strategy to improve Risk Management in the organisation? |
|  |  |
| 25. | What are the next steps the organisation would like to take with regards to this initiative, if any? |
|  |  |
| 26. | What effect has the initiative had on the organisation? |
|  |  |
| 27. | What effect has the initiative had on the Risk Management industry? |
|  |  |
| 28. | Please provide a high-level overview of the initiative with some metrics. (Executive Summary - minimum one and maximum two pages. Please provide sufficient information so that the panel can make an informed decision) |
|  |  |
| 29. | If this work has been done on behalf of a third party, please provide details. |
|  |  |
|  |  |
| **THE FOLLOWING SECTION APPLIES ONLY TO NOMINATIONS FOR RISK MANAGEMENT SYSTEM PROVIDERS.** |
|  | Please provide clients particulars for IRMSA to obtain further details regarding the process.  |
|  |  |
| 30. | Client Name |
|  |  |
| 31. | Client Contact Person |
|  |  |
| 32. | Client Phone Number |
|  |  |
| 33. | Client Email Address |
|  |  |

*I declare the information provided to be true and correct.*

*I acknowledge that false or inaccurate information could disqualify the nomination.*

*Risk Management System Providers grant IRMSA permission to contact the client to obtain further details regarding the process.*

***NOTE: Once this form is completed, please email this form to*** ***nominations@irmsa.org.za***