



## Awards and Recognition Program

This form is to nominate someone for a World Plumbing Council (WPC) Award. The WPC recognizes individuals who have demonstrated exceptional dedication to the plumbing industry.

**Select the Award for which you wish to nominate a candidate:**

- WPC Merit       WPC Excellence Award (WPC Members only)       WPC Geoffrey Marsh Distinguished Service Award (WPC Members only)

**Nominee Details:**

Title (Ms, Mrs, Mr, Dr):

Given Name:  Surname:

Gender:  Date of Birth (if known):  Nationality:

Email Address 1:  Email Address 2:

Street Address (if known):  City/Town:

State:  Country:  Postal Code:

Phone Number 1:  Phone Number 2:

Organization:  Occupation:

List any qualifications, awards, or honors. Have they won an industry or community award? Do they have a trade or tertiary qualification? Have they been recognized in another way?

How do you know the nominee? (work colleague, fellow volunteer, etc.)

Describe how they have contributed to the industry, using the WPC's Four Pillars framework, if possible:

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**Reference Details (up to four):**

**Reference 1:**

Title (Ms, Mrs, Mr, Dr):

Given Name:  Surname:

Email Address:  Phone Number:

Organization:  Occupation:

**Reference 2:**

Title (Ms, Mrs, Mr, Dr):

Given Name:  Surname:

Email Address:  Phone Number:

Organization:  Occupation:

**Reference 3:**

Title (Ms, Mrs, Mr, Dr):

Given Name:  Surname:

Email Address:  Phone Number:

Organization:  Occupation:

**Reference 4:**

Title (Ms, Mrs, Mr, Dr):

Given Name:  Surname:

Email Address:  Phone Number:

Organization:  Occupation:

**Please check this box if you are submitting any supporting documentation with your nomination form (PDF, DOC, XLS, JPG, PNG, max 50MB), including any support or recommendation letters.**

**Your details:**

Title (Ms, Mrs, Mr, Dr):

Given Name:  Surname:

Email Address:  Phone Number:

Organization:  Occupation:

**Declaration:**

By checking this box, I confirm that all information provided is accurate and true to the best of my ability.

I confirm

Signature:  Print Name:

Date: