**AMALGAMATED SECURITY SERVICES LIMITED**

**REGIONAL RECOGNITION AWARDS PROGRAMME**

**FOR PUBLIC LAW ENFORCEMENT**

****

**NOMINATION FORM**

**Note: Please complete the form in Word, print, sign, and return to ACCP’s Secretariat at** [**admin@accpolice.org**](mailto:admin@accpolice.org)

**NOMINEE**

Full Name: ………………………………………………………………………………………….

Date of birth: ………………………………………………………………………………………….

Date of Enlistment: ………………………………………………………………………………………….

Rank: ………………………………………………………………………………………….

Telephone: ………………………………………………………………………………………….

Mobile: ………………………………………………………………………………………….

Email: ………………………………………………………………………………………….

**ORGANIZATION**

Name: ………………………………………………………………………………………….

Address (line 1): ………………………………………………………………………………………….

Address (line 2): ………………………………………………………………………………………….

Telephone: ………………………………………………………………………………………….

**CATEGORY**

**(Please delete the two categories that are not applicable to this nomination.)**

Top Caribbean Community Policing Officer

Top Caribbean Crime Fighter

Top Caribbean Career Move

**Please write concise brief of nominee’s achievements within a two year period preceding the date of nomination, giving examples on knowledge of job, ethics, professionalism and communication skills. Please explain why nominee should be awarded in the particular category. This should not exceed 1,500 words.**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………….

**Immediate Supervisor**:

(Name in block letters) ……………………………………………………………………………………..

Date ……………………………………………………………………………………..

Signature ……………………………………………………………………………………..

**Representative of Community (where applicable):**

(Name in block letters) ……………………………………………………………………………………..

Date ……………………………………………………………………………………..

Signature ……………………………………………………………………………………..

**Area Commander**:

(Name in block letters) ……………………………………………………………………………………..

Date ……………………………………………………………………………………..

Signature ……………………………………………………………………………………..

**Commissioner of Police**:

(Name in block letters) ……………………………………………………………………………………..

Date ……………………………………………………………………………………..

Signature ……………………………………………………………………………………..