**Nomination for Transfer to the Fellowship Class of Membership**

 Sections 1 & 2 To be completed by the Section Committee representative

 Section 3 To be completed by the Nominee

**Please note that incomplete forms cannot be processed and to avoid unnecessary delay all sections must be completed and personally signed by the appropriate persons before submission to the CIBD HQ. Please note that only typed submissions will be accepted.**

Send completed form to:

CIBD Membership

 Institute of Brewing & Distilling

44A Curlew Street

Butler’s Wharf
London

SE1 2ND

E-mail: membership@cibd.org.uk

1. **Nominee’s Personal Details**

The undersigned Section of the CIBD would like to nominate the following Member for a transfer to a ‘Class of Fellowship’.

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| **Title:** | **Current CIBD Section:** |
| **Forenames: (please put in correct order for certificate purposes)** | **Date Joined CIBD: (indicate any breaks in membership)** |
| **Surname:** | **Email Address:** |
| **Nominee’s Postal Address:** | **Employer’s Name and Address:** |
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Every candidate for transfer to a Class of Fellowship requires a nomination by the nominee’s CIBD Section Chairperson along with recommendations from an additional two CIBD Fellows, not necessarily from the same Section, but known to the Nominee.

We the undersigned, do hereby agree that the Nominee is known to us and to the best of our knowledge the information contained in this nomination is accurate and representative of the Nominee:

**Chairperson Name:** **Signature:**

**CIBD Membership Number:**

**Fellow (1) Name:**  **Signature:**

**CIBD Membership Number:**

**Fellow (2) Name:** **Signature:**

**CIBD Membership Number:**

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| **OFFICE USE ONLY** |
| **NOMINATOR NAMES:** | **DATE RECEIVED:** | **VERIFIED BY:** |
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|  |  |  |
|  |  |  |
| **AWARDS COMMITTEE APPROVAL** | **DATE:** | **APPROVED:** **YES / NO / REVIEW** |
| **COUNCIL APPROVAL** | **DATE:** | **APPROVED:** **YES / NO** |

1. **Supporting Commentary by Nominators**

In this section, the three nominators can provide additional commentary regarding their support for the nomination of the Nominee.

Please use this opportunity to provide corroborating evidence and anecdotal information of the Nominee’s profile and achievements as well as reasoning for your personal support of their nomination.

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| * 1. **Chairperson (to be completed by the Chairperson of the Section)**
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| * 1. **Fellow 1**
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| * 1. **Fellow 2**
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1. **Nominee Profile and Achievements:**

The Nominee is requested to provide detailed information to enable a thorough consideration of this nomination. The section comprises of three sections and all three sections must be completed, using the guidelines below for completion.

Failure to provide complete information or fabricated information, will result in the nomination being declined.

* 1. **CIBD Membership, Specific Roles, Section Activities**

In this section, the Nominee is required to give a timeline of CIBD specific activities e.g. Length of time on the Section committee and roles held during the period or Nature and type of training or Conventions / Meetings organized or any other relevant CIBD information e.g. list of publications.

* 1. **Academic Qualifications and Achievements**

In this section, the Nominee should list any relevant academic qualifications and any academic achievements or awards including any CIBD qualifications and awards. Please include periods of academic study and dates of the achievements.

Note, that it is not necessary to include any certificates.

* 1. **Industry Experience and Achievements**

In this section, the Nominee should provide details of industry contributions; please provide details of key achievements, roles held, milestones, initiatives, industry committees, and how they support the interest and ideals of the CIBD and its members. The nominee should also include a mini curriculum vitae of jobs held in the industry.

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| **Section 3.1: CIBD Specific Information** |
| **Section 3.2: Academic Qualifications and Achievements** |
| **Section 3.3: Industry Relevant Experience and Achievements** |
| **Any Additional Relevant Information** |

I (the Nominee) certify each of all of the above statements made in this section of this form to be correct, and if elected, I hereby agree that, so long as I remain a Fellow, I will be bound by the provisions of the Memorandum & Articles of Association and Byelaws of the Institute of Brewing & Distilling as they now exist or as they may hereafter from time to time be modified, and that I will, to the upmost of my power, promote the objects and interest of the Institute of Brewing & Distilling.

**Signature of Nominee:** **Date:**

**CIBD Membership Number:**

**Please Note:**

1. Should your application is successful; the CIBD would like to announce your Fellowship in the Brewer & Distiller International and in the weekly emailed newsletter.

We would be grateful if you could supply a colour electronic photograph and a short profile of yourself (including a summary of your CIBD CV and personal CV), and please email to membership@cibd.org.uk

1. The presentation of your Fellowship will be arranged by the Section and a Section representative will contact you regarding an appropriate occasion.