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**NOMINATION FORM FOR STARS OF WILAT (SOW)**

**Name:**

**Date of Birth:**

**Current work place**

**Deisgnation**

# Social Media Link (If Any):

#  Contact email

#  Mobile number:

#  Country:

#  Region:

 **CILT Membership Number:**

 **CILT Membership Category:**

 **Year of joining CILT/WiLAT:**

# 1. Brief Profile of nominee:

# *(Education, qualifications, career positions, history, awards, recognitions, accolades etc.,)*

#  2. Experience as a WiLAT

# *(Passionately supporting WiLAT, years of involvement with WiLAT, positions held, activities/project done for WiLAT etc)*

# 3. Impact made to the industry

#  *(Contribution to the industry, roles held in the industry other than the job role, policy advocacy etc.,)*

# 4. As a role model, how do you commit to support future development of WiLAT?

# *(in less than 100 words)*

# 5. Nomination details

# Nominated by:

# Designation:

# Contact details

# Date of Nomination: