|  |
| --- |
| PHOTO |

**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: