

NOMINATION FORM FOR NAFP RECOGNITION AWARD

Name of Proposer: _____

Date: _____

Name of nominated NAFP: _____

Country: _____

NAFP office contact details: _____

Physical Address: _____

Postal Address: _____

Telephone No: _____

Email address: _____

Reasons for nomination [*Refer to selection criteria in SADCAS HR Proc 1*]:

1. Appointed by respective government to serve in the NAFP Office (*tick as appropriate*) Yes No

2. Period that officer served in NAFP office: _____ to _____

Served as NAFP for at least 2 years (*tick as appropriate*) Yes No

3. Quarterly reports submitted during period: _____

Regularly and timeously submits quarterly report: [*tick as appropriate*]



1	2	3	4	5

4. Progress made with implementation of respective country's action plan.

Effectively progresses the implementation of respective country's action plan: *[tick as appropriate]*



1	2	3	4	5

5. Contributions towards SADCAS goals.

5.1 Number of awareness raising/promotional activities on accreditation held during the period: _____

5.2 Number of applications for accreditation submitted from respective country to SADCAS during the period: _____

5.3 Number of entities accredited in the respective country during the period: _____

5.4 Facilitation of the registration of SADCAS logo and trade name in respective country:

Effectively contributed towards SADCAS goals:: *[tick as appropriate]*



1	2	3	4	5

6. Comments:

Prepared by: _____
Technical Manager

Date: _____

Checked by: _____
Chief Executive Officer

Date: _____