



SAFETY PROFESSIONAL OF THE YEAR

NOMINATION FORM

Nominee's Name _____

Nominee's Address _____

Postal Code _____ Phone # _____

Nominator's Name _____

Nominator's Address _____

Postal Code _____ Phone # _____

All questions relate to the nominee's history and should be answered in as much detail as possible. (Attach extra pages if needed).

Does the nominee work full-time in safety? (If not, what percent of the time do they work in safety)

Are they (or their company) a member of the Saskatchewan Safety Council?

Yes No

Are they a current member in good standing of the C.S.S.E.?

Yes No

Do they hold the designation of C.R.S.P.?

Yes No

Do they hold a membership in any other safety organization or related organization? (i.e. St. John Ambulance, Red Cross, National Safety Council, Lifesaving Society, Ski Patrol, etc.). Please list.

Do they hold a membership in any other professional organization (i.e. Professional Engineer, Registered Nurse, etc.)?

What is their level of education?

What safety related courses have they taken? (Must be more than 4 hours in length)

Have they, or do they currently hold an executive position with the Saskatchewan Safety Council or C.S.S.E?

Yes

No

What involvement does the nominee have in the community?

Has the nominee authorized and/or published any safety articles or publications? If yes, please list. Intercompany articles should be included.

What safety instruction (lecture/courses) has the nominee taught?

Describe why you feel this individual is worthy of receiving the Safety Professional of The Year. Please list activities in the following areas: the safety profession, their employer and in the community.

Please suggest an appropriate gift in the event that this individual is selected.

Please return to: Safety Professional of the Year
Selection Committee
Saskatchewan Safety Council
445 Hoffer Drive
REGINA, SK S4N 6E2

Nominations must be received by October 31.