COURSE PROVIDER OF THE YEAR

This award recognises the outstanding achievement of an ICB Accredited Training Provider teaching the ICB bookkeeping qualifications within the last year.

The nomination can be made by the training provider, or by a student, tutor, or other knowledgeable individual or organisation on their behalf.

The £160.00 application fee includes one seat at the Awards Ceremony Dinner for the organisation named in Point 1 only.

Please provide all necessary information using the application form and attach additional sheets as necessary.

Nomination applications received in any other format will not be submitted to the judges for consideration.

1. This is an application for nomination for the following Course Provider:

Name:
Address:

2. If you are submitting this application on behalf of the Provider named above, please provide your own details as below:

First Name:	Surname:
Address:	
Relationship to Provider:	

SUMMARY OF ACHIEVEMENT

Using 600 words or less please detail why this Provider should win the award.

FURTHER DOCUMENTATION/EVIDENCE

☐ Please tick here if you are enclosing further documentation to support your application such as press releases, statistics, success stories, awards, testimonials.

All applications for nomination must be received in the correct format, together with a non-refundable payment for £160.00 made out to 'ICB'.

The five nominees for each category will be released in September and the winner of each category will be announced at the ICB Luca Awards Ceremony.

All applicants are reserved a seat at the Awards Dinner at no further cost.

Nominees and their nominators will be contacted upon receipt of this application and may be invited for interview or comment.

PAYMENT

1. **Please find enclosed my cheque for £160.00 made payable to 'ICB'**
   (please print membership number on the reverse)

   or

2. **Please debit my debit/credit card with £160.00**

   ☐ Visa Debit ☐ Visa Credit ☐ Mastercard Debit ☐ Mastercard Credit ☐ Maestro

   Name on Card:

   Card Number:

   Valid From: /

   Expiry Date: /

   Issue Number:

   Security Number: *(last three digits on reverse of card, next to signature strip)*

Signed:	Date:

ADDRESS FOR SUBMISSIONS:

ICB Luca Awards
Victoria House
64 Paul Street
London EC2A 4NG