



## Ivor Carvalho Nomination Form

Please read the accompanying Ivor Carvalho Award Policy prior to completing the form.

\*Required details

Section 1	Information about the nominator – person making the nomination.
Title*	
First Name*	
Middle Name	
Surname*	
Relationship to the nominee*	
RCIC Membership ID	
CAPIC ID	
Phone Number	
Email	

Section 2	Information about the nominee - person you are nominating for the Ivor Carvalho Award
Title*	
First Name*	
Middle Name	
Last Name*	
RCIC Membership ID	
CAPIC ID	



**Reasons for Nominating** (please describe in 250 words or less the nominee's contribution to the immigration industry)

**Describe the contribution the nominee has made through Immigration advocacy and/or how they have assisted new immigrants**

<b>Nominator's signature:</b>	
<b>Date:</b>	

**Send to:** CAPIC- ACCPI, 245 Fairview Mall Drive, Suite 602 Toronto, ON M2J 4T1 Canada or Fax to 416-309-1985 or email to [elizamadeanu@capic.ca](mailto:elizamadeanu@capic.ca)