**FORM: RF1**

**RECOGNITION PROFORMA ONE**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Email:** |  |
| **Telephone Number:** |  |
| **TLA Individual Membership Number:** |  |
| **Date of Birth:** |  |
| **Work Place Name:** |  |
| **Work Place Address:** |  |
| **Work Place Telephone Number:** |  |
| **Who is paying the Recognition Fee:** | **Organisation****Self****Other – please state** | **[ ]** **[ ]**  |
| **Which Recognition Project are you working on?** | **Recognition 1****Recognition 2** | **[ ]** **[ ]**  |
| **Title of proposed Recognition Project:** |  |
| **Briefly describe your Recognition Project focus:** |  |
| **Proposed date for submission of Recognition Project (Please tick preferred dates):** | **September** | **[ ]**  |
|  | **December** | **[ ]**  |
|  | **March** | **[ ]**  |
|  | **June** | **[ ]**  |
| **Do you have a designated TLA School/College Lead?** | **Yes****No** | **[ ]** **[ ]**  |
| **If yes, please provide contact details:** |
| **TLA School/College Lead Name:** |  |
| **TLA School/College Lead Email:** |  |
| **TLA School/College Lead Telephone Number:** |  |

|  |
| --- |
| **I HAVE READ AND UNDERSTOOD THE COSTS AND GUIDELINES FOR COMPLETING A TLA RECOGNITION** |
| **PROJECT (Please tick):** |
| **Yes****No** | **[ ]** **[ ]**  |
| **Signed:** |  |
| **Date:** |  |