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Description automatically generated

ZENA SCOTT ARCHER

INVESTIGATOR OF THE YEAR AWARD NOMINATION FORM

1. **MEMBER NOMINATED**

|  |  |
| --- | --- |
| Member Name | Membership Number |
|  |  |
| Year Joined ABI | Number of Years as Full Member |
|  |  |

1. **PERSON MAKING NOMINATION**

|  |  |
| --- | --- |
| Name |  |
| Address (professional) |  |
| Email |  |
| Tel Number |  |
| Relationship to Member |  |

1. **CASE DURATION**

|  |  |
| --- | --- |
| Date Case Commenced | Date Case Concluded |
|  |  |

1. **CASE CATEGORY** (e.g. Kidnapping Investigation)

|  |
| --- |
|  |

1. **SUMMARY OF CASE**

|  |
| --- |
| **Summarise the case below in no more than 1000 words. Use font Arial 11. No persons should be mentioned by name. The nominee should be referred to as ‘The ABI Member’.** |

1. **VERIFICATION**

Attach the following where available and relevant (suitably redacted)

* Client Testimonial
* Peer Testimonial
* Media Reports / References
* Court Record
* Case Proposal
* Data Protection Impact Assessment
* Legitimate Interest Assessment
* Case Report
* Relevant Policies
* Risk Assessment
* Invoice (fee redacted)
* Proof of Acceptable Pro Bono Case.

Notes: The key ingredients are that the award will be presented to an ABI member that has acted professionally (for payment or in a formal pro bono arrangement) and demonstrated professionalism.

**Proposer Declaration.**

The above information is true to the best of my information and belief. In submitting this nomination, I undertake to respect the confidentiality of the process and not to disclose this nomination to any third party.

Signed ………………………………………………

Dated ……………………………………………..

**Member Declaration**

I accept this nomination and agree to participate in the awards process. I undertake to respect the confidentiality of the process and not to disclose this nomination to any third party. I promise not to engage in any form of lobbying or to attempt to influence the decision-making process at any stage. I accept that the decisions of the Awards Chairman and the Quality Control Panel are final.

Signed ………………………………………………

Dated ……………………………………………..

OFFICE USE ONLY

**FOR COMPLETION BY AWARDS CHAIRMAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Member of 2 years standing. | Investigation Instruction | Professional Capacity | External References. | Verified with client. |
|  |  |  |  |  |

Verified / /

Submitted to Quality Control Panel / /

……………………………………………

Awards Chairman

Filed Secretariat / /