

CICM Responsible Care Awards 2016/2017 Application Form

Organizer:



Sponsors:



Special Award for the Small and Medium Enterprises (SMEs)

A. ORGANISATION DETAILS

Name of Chief Executive Officer / : _____
Managing Director

Name of SHE Co-ordinator in the : _____
Company

Company : _____

Address : _____

Tel No : _____

Fax No : _____

Email : _____

B. PARTICIPATION IN THE CICM RESPONSIBLE CARE AWARDS 2016/2017

Our company will be participating in the *Special Award for SMEs* of the CICM Responsible Care Awards 2016/2017. Enclosed are the completed self-evaluation forms on the following Codes and the supporting documents required:

- Distribution Code
- Community Awareness & Emergency Response Code
- Pollution Prevention Code
- Process Safety Code
- Employee Health and Safety Code

* Please submit the self-evaluation form and indicate with a tick (✓) which are the Codes / Code that your company would be participating.

C. DECLARATION

I / We hereby declare that the information provided in the application and the accompanying documents are true and correct.

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Signature of Chief Executive Officer / Managing Director

.....
Date

.....
Name in Block Letters

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Organisation Stamp