



REUNION DES GASTRONOMES PRESIDENT'S AWARD 2019 APPLICATION FORM

To enter for the President's Award please complete this application form and provide an up-to-date Curriculum Vitae (in PDF only)

YOUR CONTACT DETAILS	
TITLE:	
SURNAME:	FIRST NAME:
DATE OF BIRTH:	NATIONALITY:
WORK DETAILS	
POSITION HELD:	
ESTABLISHMENT:	
ADDRESS:	
POSTCODE:	
TELEPHONE:	
E-MAIL:	
HOME DETAILS	
ADDRESS:	
POSTCODE:	
TELEPHONE:	MOBILE:
PLEASE INDICATE WHICH ADDRESS SHOULD BE USED FOR ALL CORRESPONDENCE (Please Tick):	
WORK ADDRESS: <input type="checkbox"/>	HOME ADDRESS: <input type="checkbox"/>

**PLEASE PROVIDE YOUR RESPONSES TO THE FOUR REQUIREMENTS BELOW
(IN NO MORE THAN 50 WORDS FOR EACH).**

1. Briefly explain what you consider to be your TWO major achievements in your career to date.

2. Describe ONE example of how you have updated your knowledge and skills in the past year.

3. Identify ONE activity you would like the Award to include and explain why.

4. Identify and briefly explain TWO benefits, for your career, you will hope to gain from winning The Réunion des Gastronomes President's Award 2019.

REFERENCE – please the name of one additional industry professional that can support your application

POSITION HELD:

ESTABLISHMENT:

ADDRESS:

POSTCODE:

TELEPHONE:

E-MAIL:

ENDORSEMENT – TO BE COMPLETED EMPLOYER/MANAGER

How long, and in what capacity, have you known the applicant?

Please give THREE reasons why you are supporting this person's application (maximum of 150 words)

I confirm that this entry is the work of the candidate. I am aware of the requirements of the application and selection process and I confirm support for their entry to the Réunion des Gastronomes Award 2019.

DATE:

NAME:

APPLICANT SIGNATURE

DATE:

NAME:

CLOSING DATE FOR APPLICATIONS: FRIDAY 2 AUGUST 2019