CICM RESPONSIBLE CARE AWARDS 2021 / 2022

SPONSORED BY:

APPLICATION FORM

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 : _____
(this person will serve as the focal point for enquiries and documentation & site assessment arrangements by CICM)

Company : _____

Address : _____

_____

_____

Tel No : _____

Fax No : _____

Email : _____

B. PARTICIPATION IN THE CICM RESPONSIBLE CARE AWARDS 2021/2022

Our company will be participating in the ***Special Award for SMEs*** of the CICM Responsible Care Awards 2021/2022. Enclosed are the completed Assessment Checklist for the following Codes and the supporting documents required:

- ❑ Community Awareness and Emergency Response Code
- ❑ Distribution Code
- ❑ Employee Health and Safety Code
- ❑ Environmental Protection Code
- ❑ Process Safety Code
- ❑ Product Stewardship Code
- ❑ Security Code

C. COMPANY PROFILE

Please provide a brief write-up of your company in 150-200 words together with the soft copy of your company logo *(in Adobe Illustrator (AI) and JPEG formats)*. This will be used for the Chemical Industry Dinner booklet and other publicity activities related to the Award.

☐ Yes, submitted together with this application form (*please tick (✓) if applicable)*

D. DECLARATION

- I / We hereby declare that at the time of this Awards submission *(please tick (✓):*

☐ There were **NO** fatality cases and / or penalties imposed by the Government authorities (concerning safety, health and environment) against this plant site / company during the period of assessment.

☐ There were fatality cases and / or penalties imposed by the Government authorities (concerning safety, health and environment) against this plant site / company during the period of assessment. This concerns the following Code(s) of Management Practices *(please state)*:

_____

_____

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

……	***……***
Signature of Chief Executive Officer / Managing Director	***Date***
……	***……***
Name in Block Letters	***Organisation Stamp***

Notes:

1. *Please indicate with a tick (✓) the Code(s) that your company would be participating in.*
2. *Companies are required to submit the Responsible Care Assessment Checklist and the required supporting documents. Please contact the Secretariat if there are constraints in submitting the supporting documents due to confidentiality reasons*