



# CIFFA YOUNG LOGISTICS PROFESSIONALS AWARD

## APPLICATION FORM

For each question, type your reply in the space provided, select which applies to your circumstances or type N/A when not applicable. Please answer every question.

### PERSONAL INFORMATION: Type your reply or mark the checkbox.

Application year: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Residence status: Reside/work in Canada ☐ Reside/work outside Canada ☐

### WORK INFORMATION: Type your reply or mark the checkbox.

Company affiliation: CIFFA regular member ☐ CIFFA associate member ☐ Not affiliated with CIFFA ☐ Unsure ☐  
Company name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Logistics/freight forwarding experience (years): \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_

### INDUSTRY EDUCATION: Type your reply or mark the checkbox.

CIFFA Certificate:	Successfully completed <input type="radio"/>	Not completed/taken <input type="radio"/>	In progress <input type="radio"/>	
FIATA Diploma:	Successfully completed <input type="radio"/>	Not completed/taken <input type="radio"/>	In progress <input type="radio"/>	
Air Dangerous Goods:	Successfully completed and qualification current <input type="radio"/>	Successfully completed and qualification expired <input type="radio"/>	In progress <input type="radio"/>	Not completed/taken <input type="radio"/>
Ocean Dangerous Goods:	Successfully completed and qualification current <input type="radio"/>	Successfully completed and qualification expired <input type="radio"/>	In progress <input type="radio"/>	Not completed/taken <input type="radio"/>

Other industry education: \_\_\_\_\_

**POST-SECONDARY EDUCATION (Non-CIFFA):** *Type your reply or mark the checkbox.*

Type of school attended: University ☐ College ☐ Institute/other ☐ None ☐  
Level of program: University ☐ College ☐ Institute/other ☐ None ☐  
Name of completed program: \_\_\_\_\_

**POST-SECONDARY EDUCATION (Non-CIFFA):** *Type your reply or mark the checkbox.*

Type of school attended: University ☐ College ☐ Institute/other ☐ None ☐  
Level of program: University ☐ College ☐ Institute/other ☐ None ☐  
Name of completed program: \_\_\_\_\_  
Other: \_\_\_\_\_

**VOLUNTEER WORK:** *Type your reply.*

Organization and responsibilities: \_\_\_\_\_  
Organization and responsibilities: \_\_\_\_\_  
Organization and responsibilities: \_\_\_\_\_

**AWARDS:** *Type your reply.*

Company or education awards: \_\_\_\_\_  
Company or education awards: \_\_\_\_\_  
Company or education awards: \_\_\_\_\_

**TELL US ABOUT YOURSELF:** *Type your reply.*

**DECLARATION**

*I declare the above information is accurate, correct and true, and that I provide it in good faith.*

Yes ☐ No ☐