

Dear Sir /Madam

### **Membership Application at MIIOM Grade**

Thank you for supporting the individual detailed below who is applying for election or transfer to membership of the International Institute of Obsolescence Management with the post nominal letters MIIOM.

Please complete this form to confirm your support for their membership application. If you have any reservations about offering your support, we urge to discuss any specific issues directly with the applicant. Be assured, however, that the information you provide here is for the IOM Professional Standards and Membership Committee only and will be treated as strictly confidential. Should it become necessary to share your information more widely, for example during any appeal against the Committee's decision, you will first be asked to confirm your agreement. It is not IOM policy to disclose comments made by supporters to the applicant.

In Part A please provide a brief description of the applicant's work experience and employment details to the best of your knowledge. If the applicant does not have an academic qualification at degree level this will not necessarily prevent a successful application for MIIOM. However, please describe the contributions and achievements of the applicant relative to your expectations of an experienced graduate employee. For example, please mention any specific responsibilities and aspects of their role which require input at graduate level.

Specific examples of appropriate qualifications, job titles and experience required for MIIOM can be found in the *Guidelines for Applicants at MIIOM Grade*.

Please also complete Parts B and C and return the form to [admin@iiom.global](mailto:admin@iiom.global) or by post to

Professional Standards and Membership Committee  
International Institute of Obsolescence Management  
Unit 3, Curo Park  
St Albans  
AL2 2DD  
UK

Yours sincerely

Luciano Lustosa de Siqueira  
**Head of Professional Development**

Name of Applicant

Present Occupation

**Part A: Your comments about the Applicant:**

See guidance in covering letter. If there is insufficient space, please attach extra page(s).

**Part B: Professional relationship with Applicant:**

E.g., please indicate whether you are the applicant's mentor, supervisor, manager, director, co-worker or customer, and give your assessment of their contribution and achievements.

**Part C: Confirmation of Support for application:**

In your opinion does this person demonstrate the knowledge and experience for MIIOM?

YES  NO

Signature

Date (dd/mm/yy)

Supporter's Name

Supporter's Email

Supporter's Address