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ACCREDITED VENUE MANAGER REFEREE NOMINATION FORM

In order to be eligible for the designation of Accredited Venue Manager (AVM), please complete the following Referee Nomination Form. Two (2) suitable Referees are required, with personal knowledge of your experience in Venue Management, in order to be eligible to proceed to the next step of the AVM process. Please advise your referees that they will be asked to submit a written reference, answering questions that will be forwarded by the VMA.

REFEREE #1:

Name: _____

Title: _____

Company / Venue: _____

Address: _____

Post Code: _____ Ph: _____ Mob: _____

Email: _____

Office Use Only: Approved _____

REFEREE #2:

Name: _____

Title: _____

Company / Venue: _____

Address: _____

Post Code: _____ Ph: _____ Mob: _____

Email: _____

Office Use Only: Approved _____

I understand that the VMA Board’s decision in regard to the eligibility of my entry into the AVM Program is subject to my fulfilling the eligibility criteria and that the VMA Board’s decision is final.

Name of Applicant: _____

Signed: _____

Date: _____