



**Quality Assurance Board (QAB) for the Witness Intermediary Scheme at the Ministry of  
Justice  
RCSLT nomination Form**

**Personal Details**

Name:

Job title:

Employing organisation:

Contact address:

Telephone Number:

Email address:

**QUESTIONS**

1. Your experience of alternative and augmentative communication
2. Your experience of working with vulnerable people with communication difficulties
3. Your experience of working on Boards or committees
4. Any experience of criminal justice
5. Any other information to support your nomination

Signature:.....

Date:.....

Please return this nomination form to Claire Moser [claire.moser@rcslt.org](mailto:claire.moser@rcslt.org)