

Application Form

SOUTH CAROLINA GOVERNOR'S QUALITY AWARD

Examiner Background Information Please type the Application

Name: _____

Position: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Preferred Mailing Address: _____ Work _____ Home Preferred Phone: _____ Work _____ Home

If you have been an SCGQA Examiner previously, list the year(s): _____

If you have other state or national Baldrige examiner experience, list the year(s): _____

Location? _____

All Board of Examiner candidates are required to reapply each year but only first time applicants must complete the remainder of the SCGQA application.

List your SIC Codes: _____

Reference Form (continued)

SOUTH CAROLINA GOVERNOR'S QUALITY AWARD

Applicant Name: _____

Reference Name: _____ **Title:** _____

Employer: _____ **Years Known Applicant:** _____

Phone Number: (____) _____
Area Code

Please use the space below to describe the applicant's qualifications to be an Examiner.

Reference Signature: _____ **Date:** _____

Reference Form

SOUTH CAROLINA GOVERNOR'S QUALITY AWARD

_____ has applied to be a member of the Board of Examiners for the South Carolina Governor's Quality Award and has indicated you would serve as a reference.

The role of the Examiners is to evaluate applicants for the South Carolina Governor's Quality Award based on the Award Criteria. They review, comment upon, and score written applications and prepare feedback reports to applicants. They also participate in consensus evaluations and site visits. In doing so, examiners are required to have a broad expertise in business, education, or healthcare management, process, and results; have knowledge of quality practices and improvement strategies; possess and use good analytical, writing, and verbal communication skills; and work as team members. Examiners must meet the highest standards of qualification and peer recognition.

Please provide a reference relating to your knowledge of the applicant's qualifications to be an Examiner. **Fill out this form and return the original form to the applicant. Please, return your reference form to the applicant promptly so the applicant can submit the completed application to the Award Office with a postmark no later than December 1. Please note: Fax copies are not acceptable.**

From your direct knowledge, please indicate your evaluation of the applicant's ability to assess an organization's efforts in the seven categories of the South Carolina Governor's Quality Award.

	Unknown	Unqualified	Qualified	Highly Qualified	Leading Expert
1. Leadership	1	2	3	4	5
2. Strategic Planning	1	2	3	4	5
3. Customer and Market Focus	1	2	3	4	5
4. Information and Analysis	1	2	3	4	5
5. Workforce Development and Management	1	2	3	4	5
6. Process Management	1	2	3	4	5
7. Business Results	1	2	3	4	5

From your direct knowledge, indicate your assessment of the applicant in these areas:

	Unknown	Unsatisfactory	Satisfactory	Highly Satisfactory	Outstanding
1. Broad expertise & experience in quality	1	2	3	4	5
2. Broad expertise & experience in business, health care, or education	1	2	3	4	5
3. Analytical skills	1	2	3	4	5
4. Verbal skills	1	2	3	4	5
5. Writing skills	1	2	3	4	5
6. Work as a team member	1	2	3	4	5
7. Leadership skills	1	2	3	4	5

Reference Form (continued)

SOUTH CAROLINA GOVERNOR'S QUALITY AWARD

Applicant Name: _____

Reference Name: _____ **Title:** _____

Employer: _____ **Years Known Applicant:** _____

Phone Number: (____) _____
Area Code

Please use the space below to describe the applicant's qualifications to be an Examiner.

Reference Signature: _____ **Date:** _____