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| **Scotland Project Challenge 2019/20** |
| **TEAM INFORMATION** |
| TEAM NAME |  |
| REGION (Aberdeen/Central Belt) |  |
| REPRESENTING (Company/University/etc.) |  |
| NAME OF CHARITY OR COMMUNITY PROJECT (if known) |  |
| **TEAM MEMBERS** |
| NAME 1 |  |
| NAME 2 |  |
| NAME 3 |  |
| NAME 4 |  |
| NAME 5 |  |
| NAME 6 |  |
| **EXECUTIVE SPONSOR**  |
| CONTACT NAME |  |
| EMAIL ADDRESS |  |
| ROLE IN COMPANY |  |
| **TEAM CONTACT DETAILS** |  |
| 1ST CONTACT NAME |  |
| 1ST TELEPHONE NO. |  |
| 1ST EMAIL ADDRESS |  |
| 2ND CONTACT NAME |  |
| 2ND TELEPHONE NO. |  |
| 2ND EMAIL ADDRESS |  |
| We confirm that no member of this team has more than 3 years of project management/project controls working experience. | [ ]  |