

**OFFICE USE ONLY** 

Date Received

Checked By

**Industry Category** 

Riverland and Mallee Vocational Awards

# APPLICATION FORM 2023

Name of Applicant:
Select the category you are applying for: [select one only]
Apprentice of the Year
Trainee of the Year (Eligibility criteria listed on Page 2)
Closing Date for Applications is Sunday 22nd October 2023 Presentation of Awards will be held on Friday 9th February 2024  Return completed application form, marked CONFIDENTIAL to: THE COORDINATOR
Riverland and Mallee Vocational Awards Rotary Club of Berri PO Box 259, Berri SA 5343
Or Email: vocation.berrirotary@gmail.com
Like us on Facebook!  Riverland & Mallee Vocational Awards - Project of the Rotary Club of Berri

**Data Entered** 

Course / Certifica

Applicati n Received-email

#### **AIM**

The aim of the Riverland & Mallee Voca onal Awards is to acknowledge and reward individuals that have excelled in their training. They have the opportunity to be recognised for their poten al, enhance their profile and build their career.

#### **ELIGIBILITY**

Eligibility requirements for the Riverland & Mallee Vocational Awards are as follows:

Apprentice of the Year must be in their third or final year during 2023.

Trainee of the Year must have completed 6 months of their traineeship at the me of applica on.

All Appren ces and Trainees must be undertaking a contract of training registered with the South Australian Traineeship and Apprentice hip Services.

All successful finalists will be required to present themselves before the judging panel at a date to be advised in mid November 2023.

If a finalist, you must attend the Awards Dinner and Ceremony to be held on **Friday February 9th 2024**, at the Berri Resort Hotel.

The winning Appren ce of the Year is expected to be available at the following year Award Ceremony as a guest speaker and to present an award.

## **NOMINATION FORM**

<b>Section 1: Nominee's Personal Details</b>	
First Name	
Surname	
Date of birth (dd/mm/yyyy)	
Gender	
Postal Address	
Town	
State	
Postcode	
Contact Number/s	
Email (personal)	
Section 2: Nominee's Training Details	
Course/Certificate name in full	
Course/Certificate Completion Date	
Course/Certificate level	
Name of Training Provider (e.g. TAFE, Madec, GrowSmart, NEVC)	
Address	
Town	
State	
Postcode	
Name of Supervisor	
Contact Number/s	
Email	

Section 3: Group Training Organisation (IF APPLICABLE)		
Name of Group Training Organisation (eg. Statewide, MEGT, MTA)		
Postal Address		
Town		
State		
Postcode		
Contact Name		
Contact Number/s		
Email		

Section 4: Employer	
Name of Company	
Postal Address	
Town	
State	
Postcode	
Name of Supervisor	
Position	
Contact Number/s	
Email	

# **APPLICATION FORM – Apprentice/Trainee**

If more room is required for answers please attach extra pages clearly labelled with the appropriate question.

Provide a short overview covering a description of the qualification you are enrolled in, your Registered Training Organisation and Employer as well as your reason for choosing this industry and course. Make sure you include your current Job Title and current course name. What are your duties and responsibilities?
What do you value about your Apprenti eship/Traineeship?
Do you have any other studies you intend to complete? What studies have you completed?

#### To be completed by ALL Applicants



Please attach Training results from your Registered Training
Organisa on including any comments or references from your trainer.

# **APPLICATION FORM – Employer Recommendations**

## To be completed by Employer/Host Employer

Nominee's Name:			
Company:			
Postal Address:			
Town:	State:	SA	Postcode:
Contact Name:			
Contact Number:		•••••	
Email:		•••••	
Employers recommendations on apti ude, mo	ti ation	work perform	ance, sociability etc.:
Further Comments:			
As the above comments are con den al you may eleaddress on the front page. You may be contacted by the		=	
Name of Employer/Host Employer:			
Signaturo			Data

## **APPLICATION FORM – Lecturer Recommendations**

To be completed by your Lecturer			
Nominee's Name:			
RTO:	•••••	•••••	
Postal Address:	•••••		
Town:	State:	SA	Postcode:
Contact Name:			
Contact Number:			
Email:			
Lecturer recommendations on aptitude, motiva	ation, wo	ork perfor	mance, sociability etc.:
Further Comments:			
As the above comments are confidential you may electrons on the front page. You may be contacted by the			
Name of Lecturer:			
Signature:			Date:

## **CONDITIONS OF ENTRY**

any decisio	comply with the condi ons of entry accompanying this applica on, and agree to abide by ons made by the Rotary Club of Berri Committe or Chairperson of the judging panel in this applica on and these awards.
By signing electronic	below I give permission for the organising committe to use my photo in any print or media.
I have rea ability.	d my applica on and agree that all content and claims are correct to the best of my
U understa	and that I must be prepared to a end the Awards night if I am chosen as a nalist.
following I give per Riverland non-confi	s under the age of 18 years require a parent/guardian to read and agree to the: mission for my child to a end interviews and travel as necessary pertaining to the & Mallee Voca onal Awards. Informa on about him/her, including photographs and/or en al details may be used for any publicity purpose pertaining to the Riverland & oca onal Awards.
Have you inc	luded these forms:
	APPLICATION FORM – Employer Recommendations
	APPLICATION FORM – Lecturer Comments
	Training Results from your Registered Training Organisation
Name of Ap	plicant:
Signature:	Date:
If applicant	is under 18 years
Parent/Gua	rdian Name:
Signature:	Date: