

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



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Riverland & Mallee Vocational Awards - Project of the Rotary Club of Berri

OFFICE USE ONLY

Date Received	Data Entered	_
Industry Category	Course / Certificate	
Checked By	Application Received-email	

AIM

The aim of the Riverland & Mallee Vocational Awards is to acknowledge and reward individuals that have excelled in their training. They have the opportunity to be recognised for their potential, 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 time of application.

All Apprentices and Trainees must be undertaking a contract of training registered with the South Australian Traineeship and Apprenticeship 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, subject to COVID-19 requirements at that time.

The winning Apprentice 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

Section 1: Nominee's Personal Details

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

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.

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 Apprenticeship/Traineeship?
Do you have any other studies you intend to complete? What studies have you completed?

To be completed by ALL Applicants

Do you have any career and study achievements? Any other awards or scholarships received?
What are your future goals?
Tell us about your out of work activities / community involvement.

Please attach Training results from your Registered Training Organisation 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 aptitude, mo		·	•	
				••
				••
		•••••		••
Further Comments:				
				••
As the above comments are confidential you may ele- address on the front page. You may be contacted by t		•	•	
Name of Employer/Host Employer:				
Signature:			Date:	

APPLICATION FORM – Lecturer Recommendations

To be completed by your Lecturer Nominee's Name: Town: State: SA Postcode: Contact Name: Lecturer recommendations on aptitude, motivation, work performance, sociability etc.: **Further Comments:** As the above comments are confidential you may elect to return this completed form separately to the address on the front page. You may be contacted by the judging panel for further comments. Name of Lecturer: Signature: Date:

CONDITIONS OF ENTRY

any decision	comply with the conditions of entry accompanying this application, and agree to abide by ons made by the Rotary Club of Berri Committee or Chairperson of the judging panel in this application and these awards.
By signing electronic	below I give permission for the organising committee to use my photo in any print or media.
I have rea ability.	d my application and agree that all content and claims are correct to the best of my
I understa	and that I must be prepared to attend the Awards night if I am chosen as a finalist.
following I give peri Riverland non-confi Mallee Vo	mission for my child to attend interviews and travel as necessary pertaining to the & Mallee Vocational Awards. Information about him/her, including photographs and/or dential details may be used for any publicity purpose pertaining to the Riverland & ocational Awards.
Have you inc	eluded these forms:
	APPLICATION FORM – Employer Comments
	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: