



## NOMINATION FORM

Please attach this form to the front of your submission.  
Complete the pages applicable to the relevant award.  
All applicants must complete this page.

**SELECT AWARD CATEGORY** Please tick appropriate box

- Trainer Excellence Award
- Industry Collaboration/Partnership Award

**SELECT INDUSTRY WHICH TRAINING IS DELIVERED** Please tick appropriate box

- Wholesale, Retail & Personal Services (includes Hairdressing, Beauty, Floristry)
- Tourism, Hospitality & Events
- Sport, Fitness & Recreation

### CONDITIONS OF ENTRY

I/we have read and agree to comply with the conditions of entry and agree to comply with any decision made by Service Skills Australia in relation to the nomination and judging of the awards. I/we meet the eligibility requirements and have addressed all the selection criteria. I/we are available to attend an interview or phone interview if required. By entering the awards, award winners agree to their photograph, profiles and training to be used for promotional purposes by Service Skills Australia.

Signature of applicant representing organisation \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Position Title \_\_\_\_\_ Date \_\_\_\_\_

**How did you hear about the Service Skills Australia Excellence Awards?**

- Service Skills Australia Website
- Service Skills Australia Newsletter
- RTO/Training Provider
- Promotional Material
- Employer
- Other \_\_\_\_\_



## TRAINER EXCELLENCE AWARD

### NOMINEE/TRAINER DETAILS

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ P/code \_\_\_\_\_

Telephone (work) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Employer/RTO \_\_\_\_\_

Employer/RTO Address \_\_\_\_\_

### NOMINATOR DETAILS

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to Nominee \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ P/code \_\_\_\_\_

Telephone (work) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Signature of Nominator \_\_\_\_\_

### ENDORSEMENT

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Position (E.g. Director, CEO) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## INDUSTRY COLLABORATION/PARTNERSHIP AWARD

### ORGANISATION DETAILS

Organisation Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/code \_\_\_\_\_

Contact Person \_\_\_\_\_

Job Title \_\_\_\_\_

Telephone (work) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### COLLABORATION PARTNERS List all partners involved in the collaboration

Name of Organisation \_\_\_\_\_ ABN \_\_\_\_\_

Name of Organisation \_\_\_\_\_ ABN \_\_\_\_\_

Name of Organisation \_\_\_\_\_ ABN \_\_\_\_\_

### ENDORSEMENT

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Position (E.g. Director, CEO) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_