



Riverland and Mallee Vocational Awards

APPLICATION FORM 2024

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 20th October 2024

Presentation of Awards will be held on Friday 14th February 2025

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.berrir Rotary@gmail.com



Like us on Facebook!

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

OFFICE USE ONLY

Date Received		Data Entered	
Industry Category		Course / Certifica	
Checked By		Applicati n 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 2024.

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 2024.

If a finalist, you must attend the Awards Dinner and Ceremony to be held on **Friday February 14th 2025**, at the Berri Resort Hotel.

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)	

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 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, 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 Employer/Host Employer:.....

Signature:..... Date:.....

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, 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

I agree to comply with the conditions of entry accompanying this application, and agree to abide by any decisions made by the Rotary Club of Berri Committee or Chairperson of the judging panel in relation to this application and these awards.

By signing below I give permission for the organising committee to use my photo in any print or electronic media.

I have read my application and agree that all content and claims are correct to the best of my ability.

I understand that I must be prepared to attend the Awards night if I am chosen as a finalist.

Applicants under the age of 18 years require a parent/guardian to read and agree to the following:

I give permission for my child to attend interviews and travel as necessary pertaining to the Riverland & Mallee Vocational Awards. Information about him/her, including photographs and/or non-confidential details may be used for any publicity purpose pertaining to the Riverland & Mallee Vocational Awards.

Have you included these forms:

- APPLICATION FORM – Employer Recommendations
- APPLICATION FORM – Lecturer Comments
- Training Results from your Registered Training Organisation

Name of Applicant:.....

Signature:..... Date:.....

If applicant is under 18 years

Parent/Guardian Name:.....

Signature:..... Date:.....