

# HBIA Student & Apprentice Awards

## Application Form

Award Category (please tick): Student  Apprentice  Vocational

### Nominee Details (please print clearly):

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ D/O/B \_\_\_\_\_  
Private Address \_\_\_\_\_ P/code \_\_\_\_\_  
Phone (work) \_\_\_\_\_ Phone (home) \_\_\_\_\_ Mobile \_\_\_\_\_  
Email Address \_\_\_\_\_

### Nominees Training Details

Name of course in full \_\_\_\_\_  
Comp. date of training \_\_\_\_\_ Comp date of training agreement (apprentices/trainees) \_\_\_\_\_  
Name of Training provider \_\_\_\_\_ Apprentice / Trainee reg. no. \_\_\_\_\_

### Employer Details:

Organization Name \_\_\_\_\_  
Postal Address \_\_\_\_\_ P/code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position/Title \_\_\_\_\_  
Phone (work) \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_  
Email Address \_\_\_\_\_

Name of employer's representative authorized to release candidate for interviews and or interstate/overseas travel as necessary

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

### Nominator Details:

Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
Organisation \_\_\_\_\_  
Postal Address \_\_\_\_\_ P/code \_\_\_\_\_  
Phone (work) \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_  
Email Address \_\_\_\_\_  
Signature of nominator \_\_\_\_\_ Date \_\_\_\_\_

Endorsed by CEO/Director of Training Provider

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

I am applying for the Outstanding Student Award Apprentice Trainee Vocational and agree:

to the conditions of entry for the Victorian Training Awards as detailed in the nomination booklet and on the website [www.otte.vic.gov.au/awards](http://www.otte.vic.gov.au/awards)

that in the case of selection as a finalist or winner, photographs and non-confidential details from the nomination can be used in promotional materials by the Department of Education & Training

Signature of nominee \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

# HBIA Educator Awards

## Application Form

### Contact details of applicant (or of nominated team representative)

Contact details of applicant (or of nominated team representative)	
Individual Application:	Team Application:
Title	
First name	Last name
Email address	
Telephone	Facsimile
Postal address	
Organisation	

### Declaration of acceptance

I (print name of applicant  
I accept nomination for the Educators Awards for Excellence in Teaching and Learning.

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

I support the attached application and confirm that the information above is true and correct.

Name	
Position	Faculty/School
Signature	Date

### Contact details of Nominator (if not self nominated)

Title	
First name	Last name
Email address	
Telephone	Facsimile
Relationship of nominator to nominee.	