

BERT EVANS APPRENTICE SCHOLARSHIPS 2017 NOMINATION FORM



Nominated Apprentice Details

Given name(s)

Surname

Address

Suburb

Postcode

Date of birth

Training contract ID

Phone

Mobile

Email

Equity Groups Please tick appropriate boxes (refer to Section 1 C of the Guidelines)

Is the apprentice of Aboriginal or Torres Strait Islander background?

Yes

No

Does the apprentice have a disability?

Yes

No

Is the apprentice a female working in a non-traditional trade for women?

Yes

No

Is the apprentice working in a skill shortage area and experiencing hardship?

Yes

Is the apprentice working in regional NSW as defined in the Guidelines?

Yes

Did the apprentice commence between 1st March 2016 and 30th May 2017?

Yes

Training Services NSW representative contact name

Training Services NSW representative contact phone

Assessment Criteria The following information may be included in additional attached documents.

What trade is the nominated apprentice undertaking?

Describe the hardship/disability the nominee is facing and how it affects their ability to meet training requirements on and off the job.

Examples of hardship could include financial circumstances, family situation (e.g. carer status), generational unemployment. Equity criteria such as cultural background, disability, mature age could also be used. Please include any supporting documentation you consider relevant to this criteria.

Describe and provide evidence of the nominee's aptitude for vocational education and training.

Aptitude for vocational education and training could include past performance in apprenticeships or traineeships, participation in trade skills competitions, references from previous employers attesting to the skills of the nominated apprentice, examples of the nominated apprentice's work, level of experience or school results. Please include any supporting documentation you consider relevant to this criteria.

Employer

Company name

Contact name

Phone

Mobile

Address

Suburb

Postcode

Email

Employer's Statement below explaining how the hardship experienced by the apprentice affects their ability to meet the requirements of their training on and/or off the job and the employer's assessment of the apprentice's aptitude and attitude to the trade. [This information may be included in additional attached documents.](#)

Signature of employer

Date

N.B. By signing, the employer agrees to any statements made by the apprentice and/or training organization in this form or accompanying supporting documents.

Registered Training Organisation (RTO)

RTO name

Contact name

Phone

Mobile

Address

Suburb

Postcode

Email

Training Provider's Statement below explaining how the apprentice has shown aptitude for the trade training. [This information may be included in additional attached documents.](#)

Signature of registered training provider's representative

Date

N.B. By signing, the training provider agrees to any statements made by the apprentice and/or training organization in this form or accompanying supporting documents.

Declaration by Nominated Apprentice

I agree to my name being put forward and to provide any relevant information to Department of Industry in relation to the progress of my apprenticeship if requested.

Signature of apprentice

Date