|  |  |  |  |
| --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | |
| Vocational Education and Training awards | | | |
| Fields marked with asterisk (\*) are mandatory.  Fields marked with caret (^) are office use only. | | | |
| Select year level\* | | | |
| Year 11 | | | Y/N |
| Year 12 | | | Y/N |
| Student details\* | | | |
| This information is required to ensure the successful student can be contacted during school holidays and to enable official invitations to be sent from the Minister for Education. | | | |
| Title | | |  |
| Student first name | | |  |
| Student Surname | | |  |
| Postal address | | |  |
| Student personal email address | | |  |
| Parent/Guardian name(s) | | |  |
| Parent/Guardian postal address | | |  |
| Parent/Guardian contact details:  • Telephone (business hours)  • Telephone (after hours)  • Mobile | | |  |
| School Staff contact details for award invitation purposes\* | | | |
| School name | | |  |
| School contact person | | |  |
| Principal name | | |  |
| School postal address | | |  |
| School email | | |  |
| School phone number | | |  |
| School staff to be invited to ceremony | | |  |
| Qualifications | | | |
| Qualification/Statement of Attainment being undertaken or completed | | |  |
| Section 1: Student to complete | | | |
| Why did you choose this particular program?\* | | | |
|  | | | |
| What benefits have you gained from undertaking this Vocational Education and Training program?\* | | | |
|  | | | |
| Statement of claim from nominee\* | | | |
| Why should I win this award? | | | |
|  | | | |
| Section 2 | | | |
| List below and attach copies of your qualification/statement of attainment to your application | | | |
|  | | | |
| Student signature | |  | |
| Date | |  | |
| Section 3 | | | |
| Comments to be provided by the Vocational Education and Training (VET) coordinator or school representative | | | |
| **Name** | | |  |
| Contact number | | |  |
| Email | | |  |
| Comments | | |  |
| Signature | |  | |
| Date | |  | |
| Section 4 | | | |
| Registered Training Organisation to complete (optional) | | | |
| **Name** | | |  |
| Contact number | | |  |
| Email | | |  |
| Comments | | |  |
| Signature | |  | |
| Date | |  | |
| Further information **Nominations close**: Friday 5 November 2021  Return the completed nomination form to: Executive Officer NT Board of Studies [ntbos.det@education.nt.gov.au](mailto:ntbos.det@education.nt.gov.au) or via post to GPO Box 4821 Darwin NT 0801 | | | |
| End of form | | | |