|  |  |  |  |
| --- | --- | --- | --- |
|  | 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 your qualifications/statements of attainment below and attach copies of your application | | | |
|  | | | |
| Student signature | |  | |
| Date | |  | |
| Section 3 | | | |
| Comments to be provided by the Vocational Education and Training (VET) coordinator or school representative OR Registered Training Organisation in support of your application. | | | |
| **Name** | | |  |
| Contact number | | |  |
| Email | | |  |
| Comments | | |  |
| Signature | |  | |
| Date | |  | |
| Collection noticeThe information collected in this form will only be used for the purpose for which it is being collected. All information will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that every student’s right to privacy is maintained. For more information, go to the Department of Education’s [Policy and Advisory Library](https://education.nt.gov.au/policies) and read the Privacy Policy. Further information **Nominations close**: Friday 10 November 2023  Return the completed nomination form to:  Consultant NT Board of Studies [ntbos.det@education.nt.gov.au](mailto:ntbos.det@education.nt.gov.au) | | | |
| End of form | | | |