

Ben Chifley Scholarship

Nomination form



Before nominating please ensure that the nominee is eligible.

The nominee must be in the first year of a registered apprenticeship at the time of nomination and must meet all eligibility criteria as per section 4 of the Ben Chifley Scholarship Guidelines.

Nominee details

Given name(s)	<input type="text"/>			
Surname	<input type="text"/>			
Address	<input type="text"/>			
Suburb	<input type="text"/>	Postcode	<input type="text"/>	
Date of Birth	<input type="text"/>	Training Contract ID (if known)	<input type="text"/>	
Is the nominee of Aboriginal or Torres Strait Islander background?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Assessment Criteria

What trade is the nominee studying?

Describe the hardship the nominee is facing (please attach any additional information required)

Examples of hardship could include financial circumstances, family situation (eg 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 nominees aptitude for vocational education and training (please attach any additional information required)

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.



Nominating employer

Company name	<input type="text"/>		
Contact name	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Surname	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>

Nominating training organisation

RTO name	<input type="text"/>		
Contact name	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Surname	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>

Signature of employer

Date

Signature of RTO

Date

Declaration by Nominee

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

Signature of apprentice

Date

Submit this form to your nearest State Training Services regional office by 29 April 2011.

Please attach any evidence you wish to include in support of the nomination.

If you need any assistance with the nomination please contact your nearest State Training Services regional office on 13 28 11 or visit www.training.nsw.gov.au for a copy of the Guidelines.

