



VICTORIAN EMPLOYER OF THE YEAR AWARD

NOMINATION FORM

NOMINATION FORM

*Nominations close Friday 15 May 2009.

INDUSTRY AWARD CATEGORY: Please tick (✓) the appropriate box

- | | |
|---|--|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Building and Construction |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Community Services and Health |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Food Processing (including meat) | <input type="checkbox"/> Forests and Forest Products |
| <input type="checkbox"/> IT and Telecommunications (including Printing and Postal) | <input type="checkbox"/> Light Manufacturing |
| <input type="checkbox"/> Manufacturing, Engineering and Related Services | <input type="checkbox"/> Mining (including drilling) |
| <input type="checkbox"/> Process Manufacturing | <input type="checkbox"/> Property Services |
| <input type="checkbox"/> Public Administration (including Local Government and Public Services) | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Sport and Recreation (including Racing) | <input type="checkbox"/> Tourism and Hospitality |
| <input type="checkbox"/> Transport and Distribution | <input type="checkbox"/> Utilities and Electrotechnology |
| <input type="checkbox"/> Wholesale, Retail and Personal Services | |

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ORGANISATION DETAILS: (please print clearly)

Name of organisation: _____

Postal Address: _____ P/code: _____

Contact Name: _____ Position/Title: _____

Phone (work): _____ Fax: _____ Mobile: _____

Email Address: _____

On behalf of _____ (name of organisation),
I am applying for the **VICTORIAN EMPLOYER OF THE YEAR AWARD** and agree:

- to the conditions of entry for the Victorian Training Awards as detailed in the nomination booklet and on the website www.skills.vic.gov.au/awards
- that in the case of selection as a finalist or winner, photographs and non-confidential details from the nomination form can be used in promotional materials by the Department of Innovation, Industry and Regional Development.

Signature _____ Name _____ Date _____

Checklist for applications

When completing your application, remember to:

- Use 12 point fonts only
- Keep to twenty (20) A4 pages including attachments
- Directly address the criteria in your written application
- Read conditions of entry
- Meet the deadline of 15 May 2009 at 5pm (the date and time all applications need to be received)
- Use the correct mail or delivery address
- Provide ten (10) copies consisting of nomination form and application.

Criteria Checklist

- Criterion 1: Extent and quality of education and training for employees
- Criterion 2: Achievements of the business, or its employees that is attributed to training
- Criterion 3: Integration of training into business planning
- Criterion 4: Innovation and excellence of design and delivery of training
- Criterion 5: Commitment to equity in training.