

USI			GENDER:	Please Tick [✓] <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	
FIRST NAME			MIDDLE NAME		
SURNAME			DATE OF BIRTH	/ /	
RESIDENTIAL ADDRESS					
	SUBURB		STATE		POST CODE
POSTAL ADDRESS	<input type="checkbox"/> Please tick [✓] - if your postal address is the same as above, or provide your postal address below				
ADDRESS					
	SUBURB		STATE		POST CODE
EMAIL (1)			EMAIL (2)		
TELEPHONE			MOBILE		

## COURSE INFORMATION

COURSE CODE and TITLE	
LOCATION	

## SELECTION CRITERIA

Please provide a short overview of the qualification you enrolled in as well as your reason for choosing this industry (Limit: 200 words)

**Please provide a short overview of your study achievements (Limit: 150 words)**

**Please provide a short overview of your achievements in areas other than study and work (Limit: 150 words)**

Please describe why you think you should win this award (Limit: 150 words)

*Learner Signature*

*Date*

**NOTE:** For Learners under the age of 18, a parent or legal guardian must print their name and sign this form below

*Full name of parent or legal guardian*

*Signature of parent or legal guardian*

*Date*

## OFFICE USE ONLY

**NOMINATED BY:**     Self-Nominated     Trainer/ Assessor     Training Coordinator     Training Manager

**APPLICATION SENT TO AWARDS COMMITTEE:**     Yes     No

Application Received by:

*(please print name)*

Signature:

Date:

/ /

**End of Document**