



# 2010 CCFNT TRAINEE & APPRENTICE AWARDS NOMINATION FORM



## Checklist

- Select the award
- Complete Nominee Employer Information
- Complete Trainee / Apprentice Information
- Complete Registered Training Organisation Information
- Complete Employer Nomination Assessment Form
- Ensure that the nominees application covers all of the assessment criteria and is no more than five (5) A4 pages
- Attached nominee's written statement to this form
- The nomination form is signed by both employer and nominee
- You have forwarded one (1) original of you completed application and retained a copy

## Nominations close 14th May 2010

Chief Executive Officer  
Civil Contractors Federation  
Northern Territory Branch  
PO Box 36519 WINNELLIE NT 0820  
Phone: 08 8941 0690  
Fax: 08 8941 0069  
E-mail: [ccfnt@civilcontractors.com](mailto:ccfnt@civilcontractors.com)

# 2010 CCFNT TRAINEE & APPRENTICE AWARDS NOMINATION FORM

(Nominations Close Friday 14<sup>th</sup> May 2010)

## Select one award

- First Year Apprentice of the Year       NT Mature Age Achiever  
 Indigenous Trainee Award       Rae Snodgrass Apprentice of the Year

## Nominee Employer Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

I have read the nomination information and agree to the conditions of entry and confirm that the information provided is true and accurate

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Trainee / Apprentice Information

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Name of qualification completed or enrolled to complete:

\_\_\_\_\_  
\_\_\_\_\_

Completion Date: (if applicable) \_\_\_\_\_

I have read the nomination information and agree to the conditions of entry and confirm that the information provided is true and accurate

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Registered Training Organisation Information

Name of RTO: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

## 2010 CCFNT TRAINEE & APPRENTICE AWARDS Employer Nomination Assessment Statement

This statement is provided in support of trainee/apprentice ..... and his/her application for Construction Training Award Category:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>CCFNT First Year Apprentice of the Year</b> | <input type="checkbox"/> <b>Build Skills NT Mature Age Achiever</b>  |
| <input type="checkbox"/> <b>Indigenous Trainee Award</b>                | <input type="checkbox"/> <b>Rae Snodgrass Apprentice of the Year</b> |

PERSONAL ATTRIBUTES AND ATTITUDES:	POOR	EXCELLENT			
Presentation / Appearance:	1	2	3	4	5
Respectfulness:	1	2	3	4	5
Enthusiasm:	1	2	3	4	5
Punctuality:	1	2	3	4	5
Workmanship:	1	2	3	4	5
SKILLS AND KNOWLEDGE:	POOR	EXCELLENT			
Comprehension:	1	2	3	4	5
Problem Solving:	1	2	3	4	5
Leadership Qualities:	1	2	3	4	5
Verbal skills:	1	2	3	4	5
Equipment Maintenance:	1	2	3	4	5

### COMMENTS:

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### CCFNT MEMBER EMPLOYER:

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_