**SCNZ Apprentice of the Year Award**

**ENTRY FORM**

**Entries Open December 2020**

**Entries Close 31st May 2021**

**PART 1: APPRENTICE DETAILS**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  | **Mobile:** |  |
| **Email:** |  |

**PART 2: EMPLOYER DETAILS**

|  |  |
| --- | --- |
| **Company:** |  |
| **Contact / Manager:** |  |
| **Address:** |  |
| **Daytime Tel:** |  | **Mobile:** |  |
| **Email:** |  |

**PART 3: APPRENTICESHIP INFORMATION**

|  |  |
| --- | --- |
| **Training Organisation:** |  |
| **Course name/type/qual:** |  |
| **Course Number:** |  |
| **Apprenticeship Start Date:** |  |
| **Training Coordinator:** |  |
| **Coordinator Daytime Tel:** |  | **Mobile:** |  |
| **Email:** |  |

**PART 4: EMPLOYEE REFERENCE**

Please provide a short statement regarding your apprentice with the following details on:

* Why should they be the Apprentice of the Year? What makes them stand out e.g:
* Attitude & initiative
* Skills
* Working with the team
* Health & Safety
* Punctuality
* Self-motivation
* What, specifically, has impressed you with your apprentice?
* Challenging projects worked on?
* How are they different from their peers?
* Why are they an asset to your business?

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| --- |
|  |

**PART 5: DECLARATION**

We hereby declare that the information in the entry form is correct and that we have read and understood the conditions of entry contained in the ‘Apprentice of the Year Award’ document. We understand that failure to provide correct information may result in disqualification. We agree to participate in any media activity surrounding this competition. We also agree to give open and unimpeded access to the named apprentices’ personal progress report, and details contained within, from the training organisation, and give permission to talk direct to them on this matter.

Signed

*(Employer)*

Signed

*(Apprentice)*

Date: / /

**Please send completed form to** **michelle.smith@scnz.org** **or** **darren.o’riley@scnz.org** **by 31st May 2021.**