AVTES AWARD NOMINATION FORM - EMPLOYER

Category:		☐ Employer of the Year		OFFICE USE ONLY: Fees Paid: ☐ Yes ☐ No Eligibility confirmed: ☐ Yes ☐ No		
Nominator Details:						
Name:			Phone:		Email:	
Nominee Details:						
Contact Name:			Phone:		Email:	
Workplace:						
Criteria	Examples			Evidence		Score OFFICE USE ONLY
Business Commitment to Training	busi ope	ning integration with ness objectives and rations e and expenditure taken on ning				Judge 1: Judge 2: Judge 3:
Quality of Training	 Number/proportion of employees undertaking training Examples of on-the-job training methods Integration of AVTES and employer training 					Judge 1: Judge 2: Judge 3:
Achievements related to training	• Bus	ployee achievements iness achievements iness improvements				Judge 1: Judge 2: Judge 3:
Additional Details/Comments:						

Please submit this completed nomination (and the attached Marketing and Promotion Consent Form) to Sarah Fitzgibbon by **Time Day Date**. Forms may be posted to PO Box 1630, Collingwood VIC 3066, faxed to 03 9417 0233, or emailed to sarah@avtes.com.au.

AVTES wishes to thank you for completing this nomination.

