



APPLICATION FORM

VETIG VET Trainer of the Year

Applicant:		
Surname:	Given names:	
Address:		
Suburb:	State:	Postcode:
Phone:		Mobile:
Email:		

Nominator's Information:		
Surname	Given names:	
Address:		
Suburb:	State:	Postcode:
Phone:		Mobile:
Email:		
Relationship to Applicant:	<input type="checkbox"/> RTO <input type="checkbox"/> Employer <input type="checkbox"/> Colleague	<input type="checkbox"/> Self <input type="checkbox"/> Other (please describe)

Applicant declaration:	
I agree to the nomination for this award and declare that: <ul style="list-style-type: none"> I have worked as a trainer between 1 September 2009 and 31 August 2010. I accept the conditions outlined in the application process document. In the case of my selection as a finalist or winner I give permission for photographs and non confidential details from my application to be used by VETIG Inc. for promotional purposes. If selected as a finalist I will attend the VETIG award function. If applicable, my employer / RTO / or referee may be contacted to verify details supplied in this application as part of the selection process 	
Signature of Applicant:	Date:
Signature of Nominator:	Date:



Summary of submission: (no more than 200 words) (To be completed by Applicant)

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Contribution to the submission: (no more than 150 words from the RTO or a referee)

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