**NOMINATION FORM**

Student Award

The **Student Award** is for any full time Aboriginal student residing in the Northern Territory, undertaking a qualification from an Aboriginal and Torres Strait Islander Primary Health Care training package. This award provides recognition of the student’s effort, achievement and academic progress through hard work, commitment and a high quality of work.

Nominations will be sought from registered training organisations with the Aboriginal and Torres Strait Islander Primary Health Care training package on scope. Public or student nominations will need to be directed to the training provider for consideration. The finalist selection will be by the awards committee.

**ELIGIBILITY:**

In order to be eligible, the recipient of this award must be an individual that is:

* A full time student currently studying a qualification in the Aboriginal and Torres Strait Islander Primary Heath training package
* A resident in the Northern Territory
* Of Aboriginal and/or Torres Strait Islander descent.

**SELECTION CRITERIA:**

* Proof of enrolment and academic progress
* Demonstrated hard work, commitment and high quality of competency submissions
* Linking studies to improving the health and wellbeing of Aboriginal people

**SUBMISSION:**

The nomination must be discussed with and accepted by the nominee. The nominee is required to provide consent for the training provider to submit supporting documentation with the nomination. It is recommended the nomination is endorsed by the training provider’s oversight authority.

**NOMINEE DETAILS:**

|  |  |
| --- | --- |
| Name of nominee: | Click or tap here to enter text. |
| Name of family member: | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Nominated by: | Click or tap here to enter text. |
| Endorsed by: | Click or tap here to enter text. |

SELECTION CRITERIA

|  |  |
| --- | --- |
|  | Proof of enrolment provided |
|  | Student is an NT resident |
|  | Student is of Aboriginal and/or Torres Strait Islander descent |

|  |  |
| --- | --- |
| Qualification studying: | Click or tap here to enter text. |
| Commencement date: | Click or tap here to enter text. |
| Completion date: | Click or tap here to enter text. |
| Academic Results:  *(provide transcript)* | Click or tap here to enter text. |

To gain a better understanding of student’s dedication, effort and hard work throughout their studies, substantiative supporting statements are required.

**How has the student demonstrated their hard work, commitment and a high quality of submissions during their studies?**

*This may include their growth and development since commencement, attendance at training blocks, being a positive influence on others and the quality of their competency submissions.*

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| Click or tap here to enter text. |

**How has the student linked their studies to improving health and wellbeing of Aboriginal people?**

*This may include sharing health information, working with community/workplace members on health related projects as verified to towards their competencies.*

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| --- |
| Click or tap here to enter text. |

**Please provide additional supporting** **statements from the students lecturer and/or peers, if applicable.**

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| --- |
| Click or tap here to enter text. |

***Please use a separate sheet if necessary.***

YOUR DETAILS

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Relationship to the nominee: | Click or tap here to enter text. |

**DISCLAIMER:**

*I have discussed this nomination with the nominee and/or their respective family members and they have agreed to this nomination.*

|  |  |
| --- | --- |
| Signature: |  |
| Date: | Click or tap here to enter text. |

SUBMISSION

Nominations close 5pm on Sunday 21 July 2019.

Completed nominations should be sent to **Aboriginal Workforce Development, NT Health**:

**Email** [**ATSIHPexcellenceawards.doh@nt.gov.au**](mailto:ATSIHPexcellenceawards.doh@nt.gov.au)

**Mail:**  PO Box 40596 CASUARINA NT 0811

FURTHER INFORMATION

Contact Aboriginal Workforce Development on (08) 8992 9999

PRIVACY STATEMENT

The Northern Territory Government only uses information collected for the purpose for which it was supplied and such information will not be disclosed or used for any other purpose without the express consent of the person to whom the information relates, unless required by law.