# Residential Care Awards 2024RCLDS Learner Award – Nomination Form

A person who has demonstrated a commitment to learning and development through active participation in a range of learning environments including RCLDS training over the last 12 months.

## Nominee details

|  |  |
| --- | --- |
| Name |   |
| Position |  |
| Organisation |  |
| Address |  |
| Email |  |
| Phone Number |  |

\*Please ensure correct spelling of name as Certificates will be issued in the spelling listed above.

Is the Residential worker aware of the nomination? q Yes q No

## Nominated by

|  |  |
| --- | --- |
| Name |   |
| Position |  |
| Organisation |  |
| Address |  |
| Email |  |
| Phone Number |  |

## Additional information that supports the application is required

## Tell us the story! Please include photos/letters/videos to enrichen your nomination.

|  |  |
| --- | --- |
| Attachment Content | Number of pages  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please ensure that the supporting documents/files are attached when you submit the nomination.

|  |
| --- |
| Provide a list of the training opportunities the applicant has completed over the last 12 months |
|  |

Award Criteria

**Please ensure each criterion is addressed.**

## Criterion 1: How does the nominee actively share new learning with team members, colleagues, clients and others?

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| Provide examples and evidence of how the nominee has shared new skills and ideas learnt through their own training, with others within your organisation but also out of the organisation (max 200 words) |
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## Criterion 2: How does the nominee promote learning opportunities within the organisation as avenues to improve practice and act as a learning champion?

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| Provide examples and evidence of how the applicant encourages and motivates others around them to expand on their own individual learning (max 300 words). |
|  |

## Referees

Please include the details for two referees, including one external to the organisation.

|  |  |
| --- | --- |
| Name |   |
| Position |  |
| Organisation |  |
| Address |  |
| Email |  |
| Phone Number |  |

|  |  |
| --- | --- |
| Name |   |
| Position |  |
| Organisation |  |
| Address |  |
| Email |  |
| Phone Number |  |

## CEO Authorisation

For this nomination to be accepted, it needs to be approved by the CEO of the agency employing the nominee. Does the relevant CEO know of this nomination, support it and authorise it?

q Yes, they do q No, they do not

|  |  |
| --- | --- |
| Name |   |
| Organisation |  |
| Email |  |
| Phone Number |  |
| Signature |  |
| Date |  |

**Email this form with supporting documents to** **rclds@cfecfw.asn.au****.**

**Nominations must be submitted by Friday 6th September.**