THE BERN KILGARIFF SCHOLARSHIP

**NOMINATION**

Nominated by: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Nominating for: TAE40110-Certificate IV Training and Assessment. 🞏

 TAE50111-Diploma of Vocational Education and Training🞏

**Nominee details**

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| --- |
| Name DoB |

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| --- |
| Postal Address Postcode  |

|  |
| --- |
| Email: |

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| --- |
| Length of service with St John/position/s held. |

 **Potential Career Path:**

Provide brief details of why you have nominated this individual and how you see the qualification benefiting St John Ambulance NT.

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**OTHER SUPPORTING COMMENTS:**

Are there any other general comments you wish to make in support of this nomination? Please include them in the space provided (attached additional page/s as required)

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**Does the nominee accept the following?**

* 1. Should the nominee leave St Jon Ambulance NT prior to completing the terms of the Scholarship, they agree to repay any/all funds provided at the following rates: Leave within 12 months from the date the Scholarship is awarded:

*Repayment amount* – 75% of funds provided.

* 1. Leave between 12 and 24 months from the date the Scholarship is awarded:

 Repayment amount – 50% of funds provided.

* 1. Leave after 24 months from the date the Scholarship is awarded:  R

Repayment amount – 0%.

Yes **🞏** No **🞏**

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| --- |
| Nominee (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

**Forward completed nomination and any supporting documentation to the Selection Panel**

**Email:** **bern\_kilgariff\_scholarship@stjohnnt.asn.au**

**Post:**  Personal Assistant to the CEO

 St John Ambulance Australia NT Inc.

 PO Box 40221

 Casuarina, NT, 0811

**Internal mail:** Personal Assistant to the CEO

 Casuarina Headquarters

**Thank you**