



Please read the Awards' Guidance Notes before completing this form and sign the form at the end.

Part 1: Contact Details

A: The Group

Group name	
Address	
Town / city	
County	
Postcode	

Daytime telephone	
Mobile number	
E-mail address	

B: The Nominator

Your name	
Job title	
Organisation	
Address	
Town / city	
County	
Postcode	
Daytime telephone	
Mobile number	
E-mail address	

Organisation Type

(please tick as many as appropriate)

- | | |
|------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Education guidance provider | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Further education provider | <input type="checkbox"/> Professional body |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> School/sixth form college |
| <input type="checkbox"/> Health and social care | <input type="checkbox"/> Training organisation |
| <input type="checkbox"/> Higher education | <input type="checkbox"/> Voluntary and community organisation |
| <input type="checkbox"/> Library | <input type="checkbox"/> Workplace/employer |
| <input type="checkbox"/> Local authority | <input type="checkbox"/> Union (please state) _____ |
| <input type="checkbox"/> Museum/gallery/archive | <input type="checkbox"/> Other (please state) _____ |
| <input type="checkbox"/> Online learning provider | |
| <input type="checkbox"/> Press/media | |

Relationship to Group

- | | | |
|------------------------------------|-----------------------------------|---------------------------------------------|
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Friend | <input type="checkbox"/> Union Learning Rep |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Employer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Carer | <input type="checkbox"/> Relative | |

C: Publicity Information

Adult Learners' Week Award Winners generate media interest. If your organisation has a press, PR or marketing department please give details below.

Name	
E-mail address	
Daytime telephone	
Mobile number	

Where did you hear about Adult Learners' Week?

- | | |
|------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Leaflet/poster |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Other (please state) _____ |
| <input type="checkbox"/> Website | |

For internal use only

EA	SE	ESF	NOCN	Date Received	Ref No:
EM	SW	BBC			
LO	WM	MLA			
NE	YH	TF			
NW		BT			

Part 2: Nomination Details

To be completed by the nominator.

Tell us about the group you are nominating, list the learning they have done and the progression they have made.

Why does this group deserve an Adult Learners' Week Award? Please describe what has been remarkable about their learning journey and the difference their achievements have made to the lives of the group and others.

Ref No:

Part 3: Learner's Journey

To be completed by a learner from the group.

If your learner has difficulty completing this section, it can be completed by someone else on their behalf. However, your learner MUST still sign the statement at the end of this form.

If you are completing this on behalf of a group member, please provide your details here:

Name

Signature

Relationship to learner

Why are you completing this section for the learner?

Did your group receive any qualifications for your learning?

Yes No

If yes, who awarded them?

City and Guilds

NFWI

Edexcel

OCN

FE College

OCR

Foundation Degree

Open University

Higher education
institute

Other (please state)

NCFE

Tell us about your learning and how learning together has made a difference to your lives.

Ref No:

Part 4: Additional Awards

To be completed by the nominator.

Your nomination may be eligible for an additional award. Please tick below if applicable.

European Social Fund

If your nominee's learning has been funded in any way by the European Social Fund (ESF) please tick the box and complete this section to be considered for this category.

Name of training provider:

Name of ESF project/learning programme:

Period that the project is being part funded by ESF:

From: _____ To: _____

If the project is ESF co-financed please give the name of the co-financing organisation (CFO) e.g DWP, Learning and Skills Council or other:

Contact details for the CFO/ESF Manager:

If the project is part funded by ESF but not through a co-financing organisation please specify the organisation:

Name of your (regional) Government Office ESF Contact:

Transformation Fund

Has the project the group studied through received funding from the Transformation Fund? Yes No
If yes, please tell us the name of the project.

Intergenerational Award (sponsored by MLA)

This award recognises intergenerational learning in the Museums, Libraries and Archives sector.

Power of Reading Award (sponsored by Booktrust)

This award recognises how the pleasure of reading or writing has inspired or resulted in an outstanding learning journey.

Digital Participation Award (sponsored by BBC)

This award recognises learning where the use of new technology and/or broadcasting has been central to learning opportunities.

Outstanding Achievement Award

(sponsored by NOCN) This award recognises and celebrates outstanding learning on an OCN programme.

Part 5: Declaration

Private Information

If anything has been written about you on this form that you do not wish to be made public please let us know here.

The Adult Learners' Week Awards support NIACE'S Equal Opportunities and Data Protection Policies.

For Further information, please visit www.niace.org.uk

To be completed by three members of the group

I confirm that the information supplied in this form is correct to the best of my knowledge and that the statements are true and accurate. I wish to be nominated for an Adult Learners' Week Award and agree to my name and other information contained in this form to be passed on to third parties, including the press and media, for publicity purposes.

Signature of Learners

Date

I would like to be kept informed of NIACE activities.

To be completed by the nominator

I confirm that the information supplied in this form is correct to the best of my knowledge and that the statements are true and accurate.

Signature of Nominator

Date

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I would like to be kept informed of NIACE activities.

As part of the Learning Revolution White Paper, NIACE will be launching a Community Learning Champions programme. If you would like to be involved or would like more information on the programme in your area, please tick here.

Please send completed forms to: Adult Learners' Week Awards, Campaigns and Promotions, NIACE, 21 De Montfort St, Leicester, LE1 7GE

Please note that the deadline for receipt of application forms is 5pm FRIDAY 29 JANUARY 2010.

Ref No:

co-ordinated by:



Supported by:

