**GM Skills Awards 2025**

**Apprentice of the Year (Levels 4-7) | Nomination Form**

This form has been created to give nominating organisations sight of the questions and to gather information before completing the online nomination form. **All nominations need to be submitted via:** [**www.gm-skillsawards.co.uk/nominations**](http://www.gm-skillsawards.co.uk/nominations)

|  |  |  |
| --- | --- | --- |
| **Nominator Details** | | |
| First Name |  | |
| Last Name |  | |
| Organisation |  | |
| Job Title |  | |
| E-mail Address |  | |
| Is your organisation a member of: | Greater Manchester Learning Provider Network (GMLPN) | Y/N |
| Greater Manchester Chamber of Commerce (GMCC) | Y/N |
| Unsure | Y/N |
| No | Y/N |
| Please confirm which category you are submitting a nomination from: | Apprentice of the Year (Levels 4-7) | |

|  |  |  |
| --- | --- | --- |
| **Nominee Details** | | |
| First Name |  | |
| Last Name |  | |
| If possible, please upload a photo of the nominee |  | |
| Apprenticeship Level |  | |
| Apprenticeship Standard |  | |
| Job Title |  | |
| E-mail |  | |
| Home Local Authority |  | |
| Name of Training Provider / FE College |  | |
| Name of Employer |  | |
| Employer Local Authority |  | |
| The nominee is currently on their apprenticeship, or have completed their EPA in the past 6 months from submission of the nomination form | | Y/N |

|  |  |
| --- | --- |
| **Nomination Form** | |
| Please provide an overview of the nominee(s)  *(Max 500 words)* |  |
| Tell us why you think the nominee(s) deserves to win this award? How have they demonstrated excellence in their category?  *(Max 500 words)* |  |
| Please describe the impact the nominee(s) has/have - this could be within their organisation, with learners/apprentices, with employers, within their local community and/or in Greater Manchester  *(Max 500 words)* |  |