**GM Skills Awards 2025**

**Team of the Year | 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: | Team of the Year | |

|  |  |
| --- | --- |
| **Nominee Details** | |
| Lead Organisation |  |
| Lead Contact Name |  |
| Lead Contact Job Title |  |
| Lead Contact E-mail |  |
| Full Names of Colleagues and Organisations involved (where relevant) |  |

|  |  |
| --- | --- |
| **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)* |  |