



Adult Learners' Week
15th May 2012
Kirklees Adult Learning

GROUP NOMINATION FORM

'Learning That Makes a Difference'



Group Details

Please write the name of the Group EXACTLY as you would like it to appear on the certificate. Please write in block capitals:

Group Name		Daytime tel no	
Address		Mobile tel no	
Town/City		E-mail address	
Postcode			

**Please give an indication of the number of group members
(if successful we will require specific numbers and names)**

No:

Nominators Details

Anyone except a relative can be a nominator

Your Name	
Job Title	
Organisation	
Address	
Town/City	
Postcode	
Telephone no	
E-mail address	

What is your relationship to the group:

Tutor Colleague Employer Carer Friend

Other, Please specify

Which Category are you nominating them for?
(Please tick?)

Group of the year

Learning Family of the year

Community Group of the year

Skills for Life Group

Other – please specify _____

More About Your Group

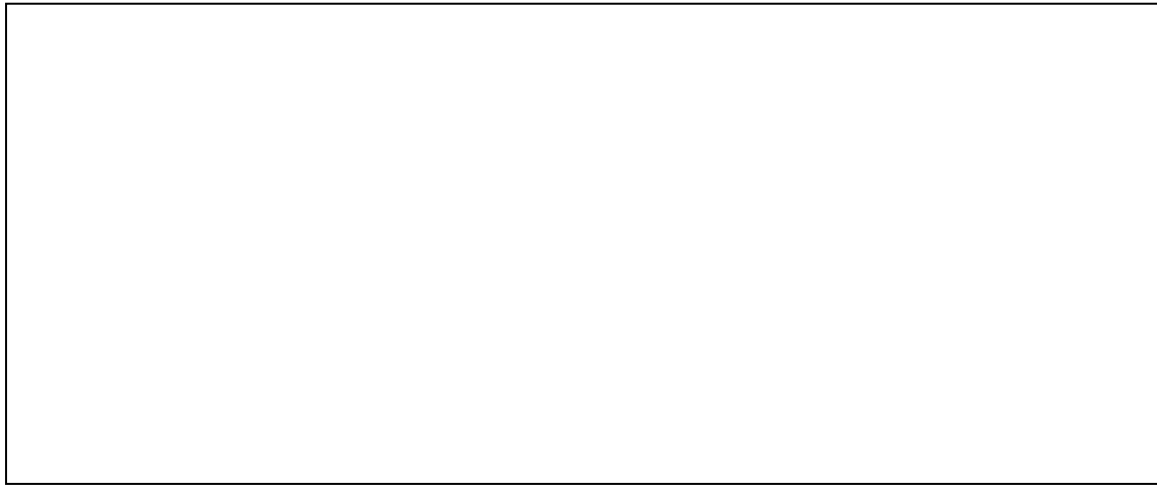
Please provide as clear and rounded picture of your group's background and achievements as possible. The information you send us may be used for future case studies and will be used at the awards ceremony. Please explain this to your group before using their information here. If you feel your group may be uncomfortable if any of their information is made public, you may decide it is safer not to include it on the nomination form.

Why do you think your group should receive a Kirklees Adult Learner's Week Award?

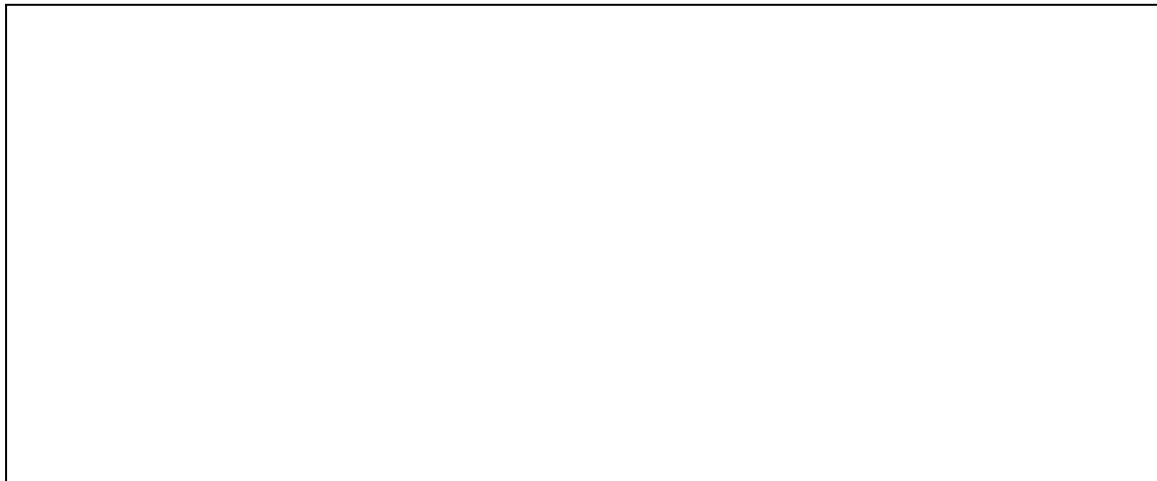
Please give examples under the following headings:

Have the group of learners any significant difficulties they have had to overcome to get into or whilst returning to learning, or during their learning?

Has learning improved the lives of those in the group or benefited the group. If so how? Why do the group deserve a Kirklees award?



Has the groups learning experiences benefited other people. If so how?



What makes the group work well together? What makes the group specifically stand out from others?



What learning programmes has the group undertaken and why?
(Please briefly describe their achievements, including any qualifications, voluntary or other work.)

Please tick this box to confirm that the learners/group has been informed and are happy to be nominated.

Signed:

Date:

**Please return your completed form by noon 9th March 2012 to:
Kirklees Adult Learning Team, 14-19, Adult Learning & Skills,
Rooms 6/7, Deighton Centre, Deighton Road, Huddersfield, HD2 1JP**

PLEASE COMPLETE ALL RELEVANT SECTIONS - ONLY FULLY COMPLETED AND SIGNED FORMS CAN BE CONSIDERED.

INFORMATION SUPPLIED ABOUT KIRKLEES ADULT LEARNERS WINNERS MAY BE USED IN RELATION TO FUTURE MEDIA PUBLICATIONS PLEASE ENSURE THAT YOUR NOMINEES ARE AWARE OF THIS. COULD YOU ALSO ENSURE THAT WE ARE ADVISED OF ANY INFORMATION YOUR NOMINEE DOES NOT WISH DISCLOSING PUBLICLY.