

Nomination Form for the



NZAB “Young Bread Baker of the Year” Award

Name of Nominee:

Date of Birth:

Bakery:

Commenced employment on: *(give date)*

Other bakery experience: *(detail bakeries and dates)*

TRAINEESHIP DETAILS

Date Traineeship commenced:

Progress:

Units achieved in year 1

Units achieved in year 2

Units achieved in year 3

Units achieved in year 4

Units achieved in year 5

NATIONAL QUALIFICATION IN BAKING

Please attach a copy of your record of learning - PDF format if returning nomination form by email

EDUCATIONAL QUALIFICATIONS

NCEA qualifications: *(subjects)*

Other courses attended: *(include dates)*

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BAKERY MANAGEMENT EVALUATION

<i>Please justify your assessment with comments</i>	<i>Outstanding</i>	<i>Very Good</i>	<i>Good</i>	<i>Adequate</i>	<i>Comment</i>
GENERAL JOB SKILLS					
• Ability to implement theory in practice					
• Observance of hygiene standards					
• Observance of safety standards					
RELATIONSHIPS WITH COLLEAGUES					
LEADERSHIP SKILLS					
INITIATIVE					
COMMUNICATION SKILLS					
• Written					
• Verbal					
ABILITY TO WORK UNSUPERVISED					
ADAPTABILITY					

BAKERY MANAGER’S GENERAL COMMENTS

Outline the reasons for your nomination and include your thoughts on what role this person has the potential to achieve in the next 2-5 years.

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NOMINEE SELF ASSESSMENT

<i>Please justify your assessment with comments</i>	<i>Outstanding</i>	<i>Very Good</i>	<i>Good</i>	<i>Adequate</i>	<i>Comment</i>
GENERAL JOB SKILLS <ul style="list-style-type: none"> • Ability to implement theory in practice 					
<ul style="list-style-type: none"> • Observance of hygiene standards 					
<ul style="list-style-type: none"> • Observance of safety standards 					
RELATIONSHIPS WITH COLLEAGUES					
LEADERSHIP SKILLS					
INITIATIVE					
COMMUNICATION SKILLS <ul style="list-style-type: none"> • Written 					
<ul style="list-style-type: none"> • Verbal 					
ABILITY TO WORK UNSUPERVISED					
ADAPTABILITY					

NOMINEE’S GENERAL COMMENTS

Give a brief overview of your training and where you would like to be in 2-5 years from now.

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CONTACT DETAILS & AUTHORISATION

Nominating Person:

Company:

Position:

Address:

Phone:

Mobile:

Email:

Signature:

Date:

Nominee:

Address:

Phone:

Mobile:

Email:

Signature:

Date:

Return by 27th September, 2019

by mail to: Tania Watson,
PO Box 39258,
Howick, Auckland 2145

or email to: tania@bakingresearch.org.nz

