

ADF LONG TAN YOUTH LEADERSHIP & TEAMWORK AWARDS

STUDENT SELECTION FORM

APPLICATION PERIOD: 13 JUNE TO 12 AUGUST 2021

SCHOOL DEFENCE URN:

PLEASE RESPOND BY 12 AUGUST 2021 LATEST



DEFENCE FORCE RECRUITING

Long Tan
YOUTH
LEADERSHIP
+TEAMWORK
AWARDS



REPLY SLIP (PLEASE PRINT RESPONSES IN BLOCK CAPITALS)

I, the principal or school representative, certify that the selected students are currently enrolled at:

SCHOOL NAME:

FIRST NAME:

SURNAME:

POSITION:

EMAIL:

I hereby give consent for the ADF to release information* to the media regarding our school's participation in the 2021 Long Tan Youth Leadership & Teamwork Awards via the following contact:

FIRST NAME:

SURNAME:

POSITION:

EMAIL:

SIGNATURE:

* This information will be issued to media by way of a general media release, identifying the names of participating schools only. Other specific information will not be used without prior consent.

IMPORTANT: PLEASE CONTACT US IF YOU HAVEN'T RECEIVED EMAIL CONFIRMATION OF THESE NOMINATIONS BY 21 AUGUST 2021.

Completed form to be submitted to YLT Admin Team via:

ONLINE: School portal contact form
EMAIL: adflongtanawards@dataresponse.com.au
MAIL: PO Box 235, Ormond, VIC, 3204

For any assistance or queries, please phone 1300 651 807



An Australian Government Initiative

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 IN BLOCK CAPITALS)



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(IT IS IMPORTANT THAT FULL NAMES ARE CLEARLY WRITTEN, TO ENSURE
 NAMES ON THE CERTIFICATES AND PAYMENT LETTERS ARE CORRECT.
 PLEASE SELECT 1 {ONE} STUDENT PER YEAR LEVEL.)

YEAR 10 – \$250 AND CERTIFICATE:

FIRST NAME: MIDDLE INITIAL:

SURNAME:

EMAIL:

Nominated for: Leadership Teamwork Values Problem Solving
 Resourcefulness Communication Cooperation Community Involvement
 Other (please specify) _____

PERMISSION IS GRANTED TO PUBLISH THIS STUDENT’S NAME ON THE AWARDS WEBSITE HONOUR ROLL Yes No

Are you interested in having the awards presented by a military member†?

Year 10 Award Yes No Date ___/___/___

Please indicate a proposed time and location for the presentation.

TIME _____ LOCATION _____

YEAR 12 – \$550 AND CERTIFICATE:

FIRST NAME: MIDDLE INITIAL:

SURNAME:

EMAIL:

Nominated for: Leadership Teamwork Values Problem Solving
 Resourcefulness Communication Cooperation Community Involvement
 Other (please specify) _____

PERMISSION IS GRANTED TO PUBLISH THIS STUDENT’S NAME ON THE AWARDS WEBSITE HONOUR ROLL Yes No

Are you interested in having the awards presented by a military member†?

Year 12 Award Yes No Date ___/___/___

Please indicate a proposed time and location for the presentation.

TIME _____ LOCATION _____

† While every effort will be made to provide an ADF representative if requested, please understand this may not always be possible due to a number of factors, including geographical location.