

# Aspire Awards Application Form

Salt House Restaurant Schools Culinary Challenge



## Instructions

Please complete the details below correctly. This information will be used to generate your Certificate and Cheque.

## Student/Candidate Information

*NOTE: These details will only be used in relation to the awards/competition process and awards presentation night.*

|  |  |  |  |
|--|--|--|--|
| Student Legal Name<br>(This name is used to write your cheque)       |  | Street Address<br>Including City, State,<br>and ZIP Code |  |
| Student Preferred Name<br>(Will be used in the program/presentation) |  |  |  |
| Student Mobile/Phone   |  | Student Email Address                                    |  |
| Student Date of Birth  |  | Student Signature  |  |
| <i>Optional</i>  |  |  |  |
| Parent Name  |  | Parent's Email Address                                   |  |
| Parent's Mobile/Phone  |  |  |  |

Do you identify as an Aboriginal or Torres Strait Islander Student? NO YES

## School Information –Teacher submitting application to Complete.

|  |  |                         |  |
|--|--|-------------------------|--|
| School Name                                  |  | Office Phone Number     |  |
| Teacher's Name<br>submitting the application |  | Teacher's Mobile Number |  |
| Teacher's Email Address                      |  | Date                    |  |
| Name of Subject                              |  | Level of Achievement    |  |

## Head of Year/Department to Complete

|               |  |           |  |
|---------------|--|-----------|--|
| HOD Name      |  | HOD Email |  |
| HOD Signature |  | Date      |  |

## Principal

|   |         |      |  |
|---|---------|------|--|
| Principal's Signature                     |         | Date |  |
| Application Fee payable<br>by each school | \$88.00 |      |  |

Following the receipt of the registration form, the BLA will forward a Tax Invoice for \$88 to the school.  
The Registration Fee is non-refundable.



### **BANK DETAILS AND REFERENCE REQUIRED**

ABN 60 902 261 190 ACC Name: BUSINESS LIAISON ASSOCIATION  
BSB: 633000 ACC Number: 120 970 611  
REFERENCE: Salt House Restaurant Schools Culinary Challenge, School Name and Invoice Number

**APPLICATION SUBMISSIONS CLOSE – 19<sup>th</sup> June 2024**

**INGREDIENTS LIST TO BE RETURNED – 22<sup>nd</sup> July 2024**

**LATE APPLICATIONS WILL NOT BE CONSIDERED**

All applications are to be emailed to both email addresses below

1. [the award coordinator – tgall33@eq.edu.au](mailto:tgall33@eq.edu.au) and
2. [awards@bla.org.au](mailto:awards@bla.org.au)

#### **ALLERGIES -**

Please circle preferred stove top (please note we will try our best to accommodate preference however there is no guarantee)

Gas Stove Top

Electric Stove Top

Please circle preferred protein

Animal Protein

Vegetarian Protein



## PRESENTATION NIGHT

All students are required to be at the Presentation Night to receive their prizes.  
The presentation evening will be held on

**DATE:** Thursday 28<sup>th</sup> November 2024

**VENUE:** Pullman Cairns International Hotel

**ARRIVAL:** Winning students are required to arrive at the venue at 4:45pm  
to be registered and seated with the other award winners.

**CAR PARKING:** Available at Cruise Liner Terminal (next to Hemmingway's) in Council Car Park.

**DRESS CODE: ALL STUDENTS ARE REQUIRED TO BE IN FULL FORMAL SCHOOL UNIFORM**

*I have read and understood the guidelines, criteria and information accompanying this application. I declare that the work I have entered is an original by myself and has been completed in the last 12 months.*

*If proven to be a winner of this Competition, I hereby approve the reproduction of the work on media such as television, associated websites and Social Media Forums i.e. FaceBook. I also understand that my work may attract media attention for the Business Liaison Association,, for which I will avail myself for such media attention where possible.*

**Student Name:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

