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**Get the Nation Learning Awards – Adult learning provider nomination form**

*Please note: Questions marked with a \* are compulsory.*

**Section 1: Nominator details**

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| **First name \*** |  |
| **Surname \*** |  |

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| **Job title \*** |  |
| **Organisation name \***  |  |

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| **Please provide your telephone number and email address.**  |
| **Work email address \*** |  |
| **Work telephone number \*** |  |

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| **We expect to notify nominators of award winners in August 2025. If you will be unavailable for all or a significant part of this time, please provide an alternative person we can contact in your absence.**  |
| **Alternative contact person name:**  |   |
| **Alternative contact person job title:**  |   |
| **Alternative contact person email address:**  |   |
| **Alternative contact person phone number:**  |   |

**Section 2: Nomination details**

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| **Is your nomination for: \*** |
| **An adult learning provider** |  |

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| **Which award is your nomination for?** **Please review the nomination** [**guidance**](https://getthenationlearning.org.uk/wp-content/uploads/2025/05/GNL25_Nomination-Guidance.pdf) **on the eligibility for each category and select the category your nomination is best suited to. L&W will consider your nomination for other eligible categories. \***  |
| **Healthier Futures**  |  |
| **Stronger Communities** |  |
| **Talent is Everywhere**  |  |
| **Net Zero Hero** |  |
| **Learning with Technology** |  |

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| **What region does your nomination relate to? Please select all that apply.** \* |
| **East of England** |  |
| **East Midlands** |  |
| **London** |  |
| **North East England**  |  |
| **North West England**  |  |
| **South East England**  |  |
| **South West England**  |  |
| **West Midlands**  |  |
| **Yorkshire and the Humber** |  |

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| **Name of nominated adult learning provider** \* |  |

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| **How many learners have engaged with the nominated provision in the past year? \*** |
| **0 – 10**  |  |
| **11 – 25**  |  |
| **26 – 50**  |  |
| **51 – 75**  |  |
| **76 – 100**  |  |
| **More than 100 learners** |  |

**Section 3: Nomination statement**

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| **Please briefly describe the organisation you are nominating. This should include the organisation's purpose and its goals. (Maximum 50 words)** \* |
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| **Please provide an overview of the provision offered by your nominated adult learning provider, linking this to the criteria included in the** [**guidance**](https://getthenationlearning.org.uk/wp-content/uploads/2025/05/GNL25_Nomination-Guidance.pdf) **document for this award. (Maximum 300 words)** \* |
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| **Please provide a statement on why your nominated adult learning provider should be considered for this award. This should include specific evidence on the impact the organisation has made for learners and/or communities, linked to the criteria included in the** [**guidance**](https://getthenationlearning.org.uk/wp-content/uploads/2025/05/GNL25_Nomination-Guidance.pdf) **document for this award. (Maximum 300 words)** \* |
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| **Please include a statement from a learner who has been impacted positively by the learning on offer. (Maximum 250 words)** \* |
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**Section 4: Privacy and consent**

Winners will be invited to an event to be presented with their award. They will have their photo taken and be asked to talk more about their impact or learning. Award winners often attract interest from local, regional and sometimes national press and media. We may want to share their story, images or interview with them to use in press releases. We may also contact them if there are additional publicity opportunities, such as interviews for radio or TV.

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| **Considering the above, is there any information included in the nomination that you do not want to be made public? Please let us know below:**  |
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| **Who would be the best person to liaise with regarding press and media interest? This may be an organisation’s press/marketing team or another appropriate person.** |
| **Name \*** |  |
| **Job title \*** |  |
| **Email address \*** |  |
| **Telephone number \*** |  |

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| **Please provide the name of a senior representative (CEO, Director etc) who you wish to be invited to the award ceremony as a guest. Please note that not all those put forward will be invited.**  |
| **Name \*** |  |
| **Job title \*** |  |
| **Email address \*** |  |
| **Telephone number \*** |  |