**A close-up of a sign

Description automatically generated**

**Annexure C1**

**NOMINATION FORM**

|  |
| --- |
| **BEST FEMALE WORKER**  **DALRRD WOMEN ENTREPRENEUR AWARDS 2024/25 -2028** |
| Western Cape Department of Agriculture  Private Bag X1, Elsenburg, 7607 |
| Tel:  Email:  (Details of District Manager / District Coordinator) |

# SECTION 1

**Personal Information:**

|  |
| --- |
| Name of nominee: |
| Name of the enterprise: |
| Name of owner: |
| Job title of the nominee: |
| Physical address : |
| ID (Attach copy) : |
| Postal address : |
| Banking details: |
| Contact numbers and e-mail address for the owner : |

# SECTION 2

**Enterprise Information:**

|  |
| --- |
| 2.1 Type of enterprise and background: |
| 2.2 Specialised commodity: |
| 2.3 Job responsibility of the nominee: |

# SECTION 3

**Performance:**

|  |  |
| --- | --- |
| **3.1 Teamwork:**    Ability to function independently and as part of a team, interpersonal skills, ability to motivate and encourage others and extent of providing feedback on work- related matters. |  |
| **3.2 Quality of work:**    Knowledge and understanding of enterprise activities and ability to adhere to set targets. Showcasing creativity and innovativeness of the worker. |  |
| **3.3 Conduct :**    Punctuality, absenteeism and working relations. |  |
| **3.4 Flexibility**, **Creativity and innovation**    **(suggestions on ways of improving work methods):**  Extent to which the worker accepts responsibility beyond her own job description and willingness to learn. |  |

# SECTION 4

**General information (for verification by the coordinator):**

|  |  |  |
| --- | --- | --- |
| Item | Yes | No |
| Do you own an enterprise? |  |  |
| Do you do operational work? |  |  |
| Are you related to the enterprise owner? |  |  |
| Do you have a disability? (Question relates to the nominated worker)      If the answer is yes, please indicate nature of disability |  |  |
|  |  |

**Name of Owner**:

Signature: Date:

**Name of Nominee:**

Signature: Date:

**Name of the Nominator (Extension Officer name):**

Signature: Date:

**Name of the District Manager:**

Signature: Date: