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**Annexure C1**

**NOMINATION FORM**

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| --- |
| **BEST FEMALE WORKER** **DALRRD WOMEN ENTREPRENEUR AWARDS 2025** |
| Western Cape Department of AgriculturePrivate 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: