

# 16

## MANITOBA'S EXCELLENCE IN EDUCATION AWARDS

# 17

### AWARD NOMINATION FORM

Award Category: \_\_\_\_\_

**DOWNLOAD** this form and complete it electronically.

**PRINT, SIGN and SUBMIT** the form as part of the nomination package.

**NOTE:** For the Outstanding Team Collaboration award category, please complete a separate form for each nominee.

#### NOMINEE INFORMATION

Name:  Mr.  Mrs.  Ms.

\_\_\_\_\_

Manitoba Teaching Certificate #: \_\_\_\_\_ Grade Level(s) Currently Teaching: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### SCHOOL INFORMATION

School Name: \_\_\_\_\_ School Division: \_\_\_\_\_

School Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### SCHOOL PRINCIPAL INFORMATION

Name:  Mr.  Mrs.  Ms.

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Nomination Package Submission Deadline: December 1, 2016**

Confidentiality of information – please read carefully. Manitoba Education and Training collects this personal information about the nominees under the authority of *The Education Administration Act*. The information collected is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. It is collected solely for the purpose of the jury to make award selections. The information is thus restricted to use by the jury within its mandate.



# NOMINATOR

Name:  Mr.  Mrs.  Ms.  Miss \_\_\_\_\_

Relationship to Nominee:  Student  Colleague  Parent/Guardian  School Administrator  Trustee  School Division Administrator } Please specify (ex.: vice-principal): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# ENDORSER

Name:  Mr.  Mrs.  Ms.  Miss \_\_\_\_\_

Relationship to Nominee:  Student  Colleague  Parent/Guardian  School Administrator  Trustee  School Division Administrator } Please specify (ex.: vice-principal): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# SIGNATURES

**NOMINATOR:** I, the nominator, declare that the information that I provided in this nomination package is, to the best of my knowledge, truthful, complete and correct.

\_\_\_\_\_  
Signature of Nominator Date

**ENDORSER:** I, the endorser, declare that the information that I provided in this nomination package is, to the best of my knowledge, truthful, complete and correct.

\_\_\_\_\_  
Signature of Endorser Date

**NOMINEE:** I, the nominee, consent to this nomination and affirm that all information in this nomination package is, to the best of my knowledge, truthful, complete and correct. I understand that the name of the recipients as well as the award-winning ideas and methods may be published on the Manitoba Education and Training website or be included in government news releases.

\_\_\_\_\_  
Signature of Nominee Date

**PRINCIPAL (or SUPERVISOR in the case of the nomination of a principal):** I, the principal/supervisor, declare that all information contained in this nomination package is, to the best of my knowledge, truthful, complete and correct.

\_\_\_\_\_  
Signature of Principal/Supervisor\* Date

\*Name of Signee: