

AWARD NOMINATION FORM

DOWNLOAD this form and complete it electronically.

SUBMIT the signed form as part of the nomination package.

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

Award Category:

NOMINEE:			Famala
Name:		Gender:	Female Male
Manitoba Teaching Certificate #:	Grade(s) Currently Teaching:		
Home Address:			
City/Town:	Postal Code:		
Phone:	Email:		
NOMINEE'S SCHOOL:			
School Name:	School Division:		
Principal:			
School Address:			
City/Town:	Postal Code: Phone:		

Nomination Package Submission Deadline: January 18, 2024

Confidentiality of information – please read carefully. Manitoba Education and Early Childhood Learning 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 selection committee to make award selections. The information is thus restricted to use by the committee within its mandate.



FIRST NOMINATOR:				
Name:				
Relationship to Nominee:	Student Parent/Guardian Trustee	School Administrator Colleague School Division Administrator	Please specify (ex.: vice-principal):	
Address:				
City/Town:		Postal Code:		
Phone:		Email:		
SECOND NOMINATOR:				
Name:				
Relationship to Nominee:	Student Parent/Guardian Trustee	School Administrator Colleague School Division Administrator	Please specify (ex.: vice-principal):	
Address:				
City/Town:		Postal Code:		
Phone:		Email:		

SIGNATURES:

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

Signature of First Nominator:

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

Signature of Second Nominator:

NOMINEE: I 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 authorize the administrators of Manitoba's Excellence in Education Awards to verify the professional standing of my teaching certificate with the Professional Certification Unit. 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 Early Childhood Learning website or be included in government news releases.

Signature of Nominee: