

Manitoba's Excellence in Education Awards

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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: | | | | | |
|---|---|-------------------------------------|--|--|--|
| Name: | | | | | |
| Manitoba Teaching Certificate #: | Grade(s) Currently Teaching: | | | | |
| Home Address: | | | | | |
| City/Town: | | Postal Code: | | | |
| Phone: | Email: | | | | |
| NOMINEE'S SCHOOL: School Name: Principal: | School Division: | | | | |
| School Address: | | | | | |
| City/Town: | Postal Code: | Phone: | | | |
| Nomination Package Submission Deadline | e: December 5, 2024 | | | | |
| Confidentiality of information – please read carefully. I Learning collects this personal information about the re Administration Act. The information collected is protect The Freedom of Information and Protection of Privacy selection committee to make award selections. The information committee within its mandate. | ominees under the authority of The E ted by the Protection of Privacy provi Act. It is collected solely for the purpo | ducation isions of ose of the | | | |



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: