

24

MANITOBA'S  
EXCELLENCE  
IN EDUCATION  
AWARDS

25

**SUPERVISOR'S NOMINATION  
SUPPORT FORM\***

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

**SUBMIT** the signed form directly to the department by email at [excellence@gov.mb.ca](mailto:excellence@gov.mb.ca), or by mail to:  
Manitoba's Excellence in Education Awards, 509-1181 Portage Avenue, Winnipeg, Manitoba R3G 0T3

**NOTE:** This form is not required if the immediate supervisor provides one of the two nomination texts.

Name of the Nominee:

For the Outstanding Team Collaboration award, please indicate above the names of the two or three educators on the team.

**CERTIFICATION BY THE SUPERVISOR:**

I certify that I have read both nomination texts and have reviewed the completed Award Nomination Form, and

declare that all information contained in this nomination package **is**,  
to the best of my knowledge, truthful, complete and correct.

declare that the information contained in this nomination package **is not**,  
to the best of my knowledge, correct.

propose **some changes** (specified below) in order for the information  
provided to be, to the best of my knowledge, truthful, complete and correct.

MODIFICATIONS:

\*The **supervisor**, for this purpose, is the school principal or, in the case of the nomination of a principal, the superintendant or assistant superintendant.

**Nomination Package Submission Deadline: December 5, 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.



**VALIDATION OF THE NOMINATION:**

I **support** the nomination of the educator (or team of educators) named above.  
(You can use the text field below if you wish to provide information that may complement the nomination texts provided by the nominators.)

I **do not support** the nomination of this educator (or team of educators) named above.

COMPLEMENTARY INFORMATION:

Signature of Supervisor:

Name of Signee:

Email\*:

**\*NOTE: The department will confirm receipt of the completed form by email to the signee and the nominators.**