



PRIME MINISTER'S AWARDS FOR TEACHING EXCELLENCE AND TEACHING EXCELLENCE IN STEM 2020 NOMINATION FORM

All personal information collected in the nomination package is protected under the *Privacy Act*. This information is collected under the authority of the *Department of Industry Act*. It is used by Innovation, Science and Economic Development Canada to select recipients for awards and promote their achievements and for related statistical studies. Each award recipient's name, school, community, school representatives, and work contact information may be included in short biographies published for the media and online. Participation is voluntary, however refusing to provide personal information may result in the application being removed from the selection process. Applicants have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of the individual's personal information. Information will be stored in Personal Information Bank IC PPU 001. Individuals may access, request correction of, or have a notation attached to the information about them by contacting the Prime Minister's Awards (PMA) Office at 613-991-4255 or ic.primeministersawards-prixdupremierministre.ic@canada.ca.

Questions with an asterisk * are mandatory.

NOMINEE'S INFORMATION			
Last Name: *		First Name: *	
Home Address: *			
City: *		Province/Territory: *	Postal Code: *
Telephone (Home):	E-mail (Home):		
Telephone (Work): *	Extension:	E-mail (Work): *	
Social Media:		Preferred language of communication: *	
		<input type="radio"/> English <input type="radio"/> French	
Is the nominee a Canadian citizen or permanent resident? *			<input type="radio"/> Yes <input type="radio"/> No
Does the nominee self-identify as Indigenous?			<input type="radio"/> Yes <input type="radio"/> No
Gender: _____			
Is this a nomination for the Prime Minister's Awards for Teaching Excellence in STEM? *			<input type="radio"/> Yes <input type="radio"/> No
(The candidate must teach at least one STEM related subject to be eligible)			
Is this a team nomination? *			<input type="radio"/> Yes <input type="radio"/> No
If YES, please complete individual nomination forms for each team member.			
What grades and subjects does the nominee teach?			
Grades: * _____			
Subjects: * _____			
Language of instruction: * _____			
NOMINEE'S SCHOOL INFORMATION			
School Name (or school board if nominee is not affiliated with a particular school): *			
Address: *			
City: *		Province/Territory: *	Postal Code: *
Telephone: *	E-mail: *		
School Board Name: *			
Is the school a First Nations school? *			<input type="radio"/> Yes, on reserve <input type="radio"/> Yes, off reserve <input type="radio"/> No

Nominee Signature

I, the nominee, hereby affirm that, to the best of my knowledge, all the information contained in this nomination package is complete and correct. By signing this form, I authorize the Prime Minister's Awards office to conduct a verification of the information provided in this nomination package. I understand that the best teaching practices of national level Prime Minister's Awards recipients may be published online and I give my release for that purpose should I be chosen for this award. I also consent the use of my photographs and videos for promotional purposes, including print, online and social media, by the Prime Minister's Awards program. I have read the Prime Minister's Awards recipient Code of Conduct found on the program website and understand that failure to abide by these standards, if chosen, could result in the revocation of this award.

I have read and understand the Privacy Statement.

Signature of Nominee: * _____ Date (YYYY-MM-DD): * _____

PRINCIPAL INFORMATION

Last Name: *	First Name: *
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Telephone (Work): *	Extension:	E-mail (Work): *
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Was this nomination written by the nominee's principal? * ☐ Yes ☐ No

At the time of nomination, does the nominee work a minimum of 2.5 days per week providing direct education and/or support to students? * ☐ Yes ☐ No

NOMINATOR INFORMATION

Last Name: *	First Name: *
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Address: *

City: *	Province/Territory: *	Postal Code: *
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Telephone (Home):	Telephone (Work): *	Extension:
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E-mail: *

Relationship to the nominee: * ☐ Principal/Vice-principal ☐ Colleague ☐ Parent ☐ Student ☐ Other

If other, please explain: * _____

Nominator Signature

I, the nominator, hereby affirm that all the information contained in this nomination package is, to the best of my knowledge, complete and correct and that the nominee upholds the highest standards of the teaching profession.

I have read and understand the Privacy Statement.

Signature of Nominator: * _____ Date (YYYY-MM-DD): * _____

Checklist

Please complete the following checklist to ensure all necessary information is in your nomination package. Visit our website for more information: https://www.ic.gc.ca/eic/site/pmawards-pmawards.nsf/eng/h_wz00010.html

- ☐ Signed nomination form (one for each member of a team nomination) *
- ☐ Nomination text showing how the nominee meets the selection criteria *
- ☐ Three letters of support *
- ☐ A copy of the nominee's teaching certificate *
- ☐ A letter from the nominee's principal confirming that the nominee has worked at least 2.5 days per week in a classroom setting for a minimum of three years and that their teaching certification remains in good standing *

For more information, please contact the Prime Minister's Awards at 613-991-4255 or ic.primeministersawards-prixdupremierministre.ic@canada.ca