



NEW SOUTH WALES



New South Wales Branch

NSW MINISTER FOR EDUCATION AND TRAINING &

THE AUSTRALIAN COLLEGE OF EDUCATORS

QUALITY TEACHING AWARDS

'Learning From and Recognising Our Best Teachers'

Sponsored by

THE Daily Telegraph

2007 NOMINATION FORM

Qualities of excellence in teaching, as assessed against the published criteria, need to have been demonstrated by the nominee over at least three years. Where those nominated are in promotion positions or other areas of responsibility, focus will still be on demonstration of high quality teaching expertise.

CLOSING DATE FRIDAY 11 May 2007

| PERSON BEING NOMINATED (*please ensure you complete these fields) | |
|---|------------------------------|
| *TITLE: _____ | FIRST NAME(S): _____ |
| *SURNAME: _____ | |
| *POSITION: _____ | SUBJECT/DEPT/FACULTY _____ |
| *INSTITUTION: _____ | |
| *ADDRESS: _____ | |
| SUBURB: _____ | STATE: _____ POSTCODE: _____ |
| *PHONE (W): _____ | *FAX (W): _____ |
| *EMAIL (W/H): _____ | |
| *HOME ADDRESS: _____ | |
| SUBURB _____ | STATE: _____ POSTCODE: _____ |
| *PHONE (H): _____ | *MOB. _____ FAX (H): _____ |
| *SIGNATURE OF PERSON BEING NOMINATED: _____ | |

| PARTICIPATION DATA for Equal Employment Opportunity purposes: (*please ensure you complete these fields) | |
|---|--|
| *Male/Female: Circle one | |
| *Aboriginal or Torres Strait Islander Background: Yes / No | |
| *Non-English speaking background: Yes / No | |
| *Disability: Yes / No | |

REFEREES

1. **Three referees** are required to complete this Nomination Form.
2. One referee must be an education workplace or institution/organisation supervisor of the person being nominated. Other referees can be a student, parent, community or industry member, or fellow educator.
3. Referees will be asked to complete a written Referee's Report and to forward it to the College on a confidential basis by the stipulated date. Details are in the Referee's Guidelines.
4. Referees may be contacted on a confidential basis to provide further information on aspects of the nomination as required.

| FIRST REFEREE - [Education work place or Institution Supervisor] | |
|--|------------------------------|
| TITLE: _____ | FIRST NAME(S): _____ |
| SURNAME: _____ | |
| INSTITUTION: _____ | |
| POSITION: _____ | |
| ADDRESS: _____ | |
| CITY: _____ | STATE: _____ POSTCODE: _____ |
| PHONE (W): _____ | FAX (W): _____ |
| EMAIL (H/W): _____ | |
| HOME ADDRESS: _____ | |
| CITY: _____ | STATE: _____ POSTCODE: _____ |
| PHONE (H): _____ | FAX (H): _____ |
| SIGNATURE OF REFEREE: _____ | |

| SECOND REFEREE - [Circle one] | | | | |
|-----------------------------------|--------|----------------|----------|-----------------|
| STUDENT | PARENT | COMMUNITY | INDUSTRY | EDUCATOR |
| TITLE: _____ FIRST NAME(S): _____ | | | | |
| SURNAME: _____ | | | | |
| POSITION: _____ | | | | |
| INSTITUTION: _____ | | | | |
| ADDRESS: _____ | | | | |
| CITY: _____ | | STATE: _____ | | POSTCODE: _____ |
| PHONE (W): _____ | | FAX (W): _____ | | |
| EMAIL (H/W): _____ | | | | |
| HOME ADDRESS: _____ | | | | |
| CITY: _____ | | STATE: _____ | | POSTCODE: _____ |
| PHONE (H): _____ | | FAX (H): _____ | | |
| SIGNATURE OF REFEREE: _____ | | | | |

| THIRD REFEREE - [Circle one] | | | | |
|-----------------------------------|--------|--------------|-----------------|----------|
| STUDENT | PARENT | COMMUNITY | INDUSTRY | EDUCATOR |
| TITLE: _____ FIRST NAME(S): _____ | | | | |
| SURNAME: _____ | | | | |
| POSITION: _____ | | | | |
| INSTITUTION: _____ | | | | |
| ADDRESS: _____ | | | | |
| CITY: _____ | | STATE: _____ | POSTCODE: _____ | |
| PHONE (W): _____ | | | FAX (W): _____ | |
| EMAIL (H/W): _____ | | | | |
| HOME ADDRESS: _____ | | | | |
| CITY: _____ | | STATE: _____ | POSTCODE: _____ | |
| PHONE (H): _____ | | | FAX (H): _____ | |
| SIGNATURE OF REFEREE: _____ | | | | |

NOMINATIONS FORMS SHOULD BE SENT TO:

Cheryl Bell
Executive Officer
Quality Teaching Awards
Awards and Recognition Unit
Locked Bag 53
DARLINGHURST NSW 2010
Ph: 02 9266 8967 Fax: 02 9244 5646
cheryl.bell@det.nsw.edu.au