

SAMPLE ONLINE NOMINATION FORM (PROGRAM AWARDS)

AWARDS FOR PROGRAMS THAT ENHANCE LEARNING

Nomination Type

- ☐ Individual
- ☐ Team nomination

Program Information

- Program/Team Name (less than 10 words)
- Date program commenced (MM/YYYY)

Contact details (For Individual Nominee/Team Lead)

- Title (e.g. Prof, Dr, Ms)
- First
- Last name
- Position/Role
- School/Faculty or Division
- Institution
- Campus location
- Post address
- Email address
- Phone number

Gender (Individual/Team Lead)

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ My gender identity isn't listed. I identify as:
- ☐ Prefer not to say

Aboriginal or Torres Strait Islander Status (Individual/Team Lead)

Do you identify as Aboriginal and/or Torres Strait Islander?

- ☐ Yes
- ☐ No

Staff type (Individual/Team Lead)

- ☐ Academic staff
- ☐ General/Professional staff

Previously applied for a Program Award

Have you previously applied for an AAUT Program Award and **were not successful**?

- ☐ No
- ☐ Yes - please state year(s) _____

Previously received a Teaching or Program Award?

Past recipients of a Teaching or Program Award (including Carrick Award, ALTC Award or OLT Award) can only nominate again if they form part of a team nomination and are not the lead nominee. The new nomination should not substantially replicate the original nomination.

Nomination or receipt of a Citation does not affect eligibility for a Program Award.

If the Nominee/Team Lead has previously received an Award through Carrick, ALTC, AAUT or the OLT, please indicate the type of award, the year in which it was received and how it differs from this nomination.

- ☐ No
- ☐ Yes - please state award type, year and how it differs from this nomination: _____

Program Discipline

Where the program has a discipline, please select one of the [ASCED Classification Broad & Narrow Fields of Education number/s](#) below:

- ☐ Natural and Physical Sciences
- ☐ Information Technology
- ☐ Engineering and Related Technologies
- ☐ Architecture and Building
- ☐ Agriculture, Environmental and Related Studies
- ☐ Health
- ☐ Education
- ☐ Management and Commerce
- ☐ Society and Culture
- ☐ Creative Arts
- ☐ Food, Hospitality and Personal
- ☐ Multi-disciplinary
- ☐ Other (List the ASCED number/s) _____

Nomination categories

Select one category below:

- ☐ 1. Student experience that supports diversity and inclusive practices
- ☐ 2. Collaborative educational partnerships in learning and teaching
- ☐ 3. Curriculum transformation and innovative pedagogy
- ☐ 4. Work Integrated Learning (WIL) programs that value and enhance student employability

(If applicable) Team nomination summary

Please list all members in the table below, which must be accurate for publication purposes. The contribution of each member should be expressed as a percentage and in order of contribution. Individual contributions must be 10% or higher to be included in the nomination.

	Title	First & Last name	Percentage contribution	Institution (if different from Team Lead)	Staff type (A/G) A= Academic, G= General	Email
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

DECLARATIONS

- As the Institutional Contact Officer (ICO), I have received the following declarations approval to submit this nomination on behalf of the Nominee/Team.

Nominee Declaration

The nominee has declared that they:

- Accept the nomination for an Award for Programs that Enhance Learning.
- Have read, acknowledged and accepted the [AAUT Privacy Collection Notice](#) and [Publicity Notice](#).
- Have provided the [AAUT Privacy Collection Notice](#) and [Publicity Notice](#) to team members, and made them aware of the requirements in these notices (team nominations only).
- Have provided the [AAUT Privacy Collection Notice](#) to referees and made them aware that they must include an acknowledgement that they accept the 2024 AAUT Privacy Collection Notice in their reference
- Accept that by checking this box they are providing their signature.

Check this box to sign on behalf of the nominee.

Head of School/Faculty's Declaration

The Head of School/Faculty or equivalent has declared that they:

- Support this nomination based on the uploaded nomination
- Have read, acknowledged and accepted the [Privacy Collection Notice](#)
- Accept that by checking this box they are providing their signature.

Check box to sign

Head of School/Faculty's name _____

Deputy Vice Chancellor (Academic) or Delegate's Declaration

The DVC (Academic) or Delegate has declared the following:

- Support this nomination on behalf of the institution.
- Will support the nominee/s in activities to disseminate good practice in learning and teaching.
- Confirm that the information in the nomination is true and correct, and the Nominee/Team Lead referred to in this form is a current staff member of the institution.
- Have read, acknowledged and accepted the [Privacy Collection Notice](#).
- Accept that by checking this box they are providing their signature.

Check box to sign

DVCA or delegate's name _____

Institutional Contact Officer's Information

- Name
- Position/Role
- Email Address
- Phone number

Institutional Contact Officer Digital Signature
