

SAMPLE ONLINE NOMINATION FORM (TEACHING AWARDS)

AWARDS FOR TEACHING EXCELLENCE

Nomination Type

- ☐ Individual
- ☐ Team nomination (Ensure to complete the Team Statement of Contribution)

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 (For Individual or Team Lead)

- ☐ Academic staff
- ☐ General/Professional staff

Previously applied for an AAUT Teaching Award

Have you previously applied for an AAUT Teaching 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 currently form part of a team nomination and are not the lead nominee. The new nomination should not substantially replicate the previous nomination.

Past Early Career Teaching Award recipients are eligible to nominate again in a different category five years after receiving the Early Career Award.

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

If the nominee or the lead in a team nomination has previously received an Award or Citation 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:

Discipline Categories

Select one discipline category below:

- ☐ Natural and Physical Sciences
- ☐ Information Technology
- ☐ Engineering and Related Technologies
- ☐ Architecture and Building
- ☐ Agriculture, Environmental and Related Studies
- ☐ Health
- ☐ Education
- ☐ Business, Management and Commerce
- ☐ Society and Culture
- ☐ Creative Arts
- ☐ Multi-disciplinary

Nomination Category

Do you wish to apply under one of the Nomination Categories?

- ☐ Early Career (less than five years teaching experience)
- ☐ Neville Bonner Award for Indigenous Education (for Indigenous teaching staff only)
- ☐ None of the above

(If applicable) Team nomination summary

Please enter your team's name:

(If applicable) Team member details

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= Email 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 Teaching Excellence
- 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 [AAUT Privacy Collection Notice](#) in their reference
- Have accepted 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 the following:

- 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 confirm.

Head of School/Faculty's name _____

Deputy Vice Chancellor (Academic) or Delegate's Declaration

The DVC (Academic) or Delegate has declared that they:

- Support this nomination on behalf of this 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 confirm.

DVCA or delegate's name _____

Institutional Contact Officer's Information

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

Institutional Contact Officer Digital Signature
