TEACHING EXCELLENCE NOMINATION FORM

Supervisor Nomination

Self-Nomination*



Other Nomination

SECTION 1: NOMINATION DETAILS Name of Individual: School/Unit/Centre: Location: Telephone: Email: The following section is to be completed if award initiated by supervisor and/or other staff member. Name: Relationship to Nominee: Position: School/Unit/Centre: Location: Telephone: Email: If self-nominating, please provide the details of two referees: Name: Name: Title: Title: Contact: Contact:

SECTION 2: SELECTION CRITERIA

Select one or more of the following categories that best identifies teaching and learning contribution:

Approaches to teaching and support of learning that influence, motivate and inspire students to learn within the last 12 months.

Development of curricula, resources and services that reflect a command of the field and the capacity to teach it creatively within the last 12 months.

Evaluation practices that bring about improvements in teaching and learning within the last 12 months.

Innovation, leadership, research or scholarship that has the capacity (or has been shown to) influence and enhance learning and teaching and/or the student experience within the last 12 months.

SECTION 3: SUPPORTING STATEMENT

A brief supporting statement outlining achievement/s (in relation	on to criteria).
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SECTION 4: DECLARATION AND SIGNATURE

I declare that information provided in this application in relation to a teaching excellence award is true and correct.	
Signature:*	
Name:*	Date:*

COMPLETED APPLICATIONS ARE TO BE FORWARDED TO: ACE@NEWCASTLE.EDU.AU

This Award is open to those who hold membership to the Academy of Clinical Educators.

A selection committee consisting of Dean of Medicine, Deputy Head of School (Clinical Education), Head of Discipline Medical Education will review and assess all applications. The successful applicants (2) will be presented with certificate and prize (up to \$1000) to attend a medical education conference.







