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| **Minister’s Awards of Excellence**  in Child Development | |

**Nomination Form**

**Award Category** (check one category only)

Individual  Program  Team

**Criteria**

*Check a maximum of two areas of excellence to highlight*

Innovative programming  Community building

Family/parent support  Inclusive practices

Continuous improvement  Leadership

**Nominator Information**

|  |  |
| --- | --- |
| First Name: | Click or tap here to enter text. |
| Last Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| City/Town | Click or tap here to enter text. |
| Postal Code: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |

**Nominee Information**

**INDIVIDUAL CATEGORY**

|  |  |
| --- | --- |
| First Name: | Click or tap here to enter text. |
| Last Name: | Click or tap here to enter text. |
| Program Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| City/Town | Click or tap here to enter text. |
| Postal Code: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| ECE Certificate # - Level: | Choose an item. |

**PROGRAM CATEGORY**

|  |  |
| --- | --- |
| Program Name: | Click or tap here to enter text. |
| Contact Person: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| City/Town | Click or tap here to enter text. |
| Postal Code: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| ECE Certificate # - Level (Director): | Choose an item. |

**TEAM CATEGORY (2-4 PEOPLE):** *Check if informed and agree*

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| ECE Certificate # and Level | Choose an item. |
| Name: | Click or tap here to enter text. |
| ECE Certificate # and Level | Choose an item. |
| Name: | Click or tap here to enter text. |
| ECE Certificate # and Level | Choose an item. |
| Name: | Click or tap here to enter text. |
| ECE Certificate # and Level | Choose an item. |
| Contact Person: | Click or tap here to enter text. |
| Program Name: | Click or tap here to enter text. |
| Mailing Address: | Click or tap here to enter text. |
| City/Town: | Click or tap here to enter text. |
| Postal Code: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |

**Declaration of Consent**

**Nominator declaration:**

I have read and do agree to abide by the guidelines outlined in the nomination package. The nominee meets all eligibility criteria outlined in the nomination package.

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap to enter a date. |

Nominator name Date signed

**Nominee declarations:**

I have read and do agree to abide by the guidelines outlined in the nomination package. I meet all eligibility criteria.

By checking each item and signing this declaration, I provide my consent to the following:

Meeting all requirements of the guidelines that govern the

Minister’s Awards of Excellence in Child Development

Participating in awards-related activities in the event that I

am selected as a recipient

The use of my name and nomination materials in any

awards-related publicity of the Alberta government or

other awards sponsors

Release of my name and address to the Member of the

Legislative Assembly (MLA) in my constituency; and

Release and publication of my name, nomination material

or other awards-related material from the Alberta

government for any purpose related to this award for

publicity purposes.

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap to enter a date. |

Nominee signature Date signed

Email completed form to: [jet.childdevelopmentawards@gov.ab.ca](mailto:jet.childdevelopmentawards@gov.ab.ca)

**Deadline: August 30, 2024**