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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

**Deadline: August 30, 2024**