



UNSW Medicine

# 2019 Education Awards

## UNSW Medicine Education Award Nomination Form 2019

Opening date: 24<sup>th</sup> October 2019 Closing date: 18<sup>th</sup> November 2019

### Nominee

FamilyName: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Current Employment \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 School/Department: \_\_\_\_\_ Faculty: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please indicate which ONE award you are nominating for by checking a box:

1. Award for Excellence in Enhancing the Student Experience (P&T Staff)	<input type="checkbox"/>
2. Award for Excellence in Professional Support Services (P&T Staff)	<input type="checkbox"/>
3.a) Academic Award for Excellence in Educational Design or Development (Academic, individual)	<input type="checkbox"/>
3.b) Team Award for Excellence in Educational Design or Development (All Staff)	<input type="checkbox"/>
4. Award for Educational Excellence (Casual or Sessional Staff)	<input type="checkbox"/>
5. Award for Educational Excellence (Early Career Academic Staff)	<input type="checkbox"/>
6. Award for Educational Excellence (Conjoint Academic Staff)	<input type="checkbox"/>
a) Best Overall Conjoint Teacher	<input type="checkbox"/>
b) Best Innovation by Conjoint Staff Member in Teaching Program	<input type="checkbox"/>
c) Best Service in Teaching Delivery by Conjoint Staff Member	<input type="checkbox"/>
7. Award for Educational Excellence (Academic Staff)	<input type="checkbox"/>

**UNSW Medicine Research Awards 2019  
NOMINATION FORM**

**Nominator Details**

Fill in details below and sign (including if self-nominating):

Name: \_\_\_\_\_ School/Dept: \_\_\_\_\_

Email: \_\_\_\_\_ Tel no: \_\_\_\_\_

Nominator signature: \_\_\_\_\_ zID: \_\_\_\_\_

**Academic nominees** – please insert your *myEducation Portfolio* Personal link here:

\_\_\_\_\_

**Full name for the certificate** (if awarded):

\_\_\_\_\_

**Authorisation:**

If the nominator is not authoriser (such as Head of School, Institute or Centre Head or Dean's representative) please ensure that the appropriate faculty representative signs here:

Authoriser's Signature: \_\_\_\_\_

Authoriser's Name: \_\_\_\_\_