**Minister’s Award for Compassion in Teaching**

**Application Form**

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| **Nominee Information** |
| Name: Click here to enter text.  | School: Click here to enter text.  |
| Position: Click here to enter text. | Region: Choose an item.  |
| School Community (Town, City): Click here to enter text.  |
| **Nominator Information** |
| Name: Click here to enter text.  | Relationship to Nominee: Choose an item. |
| Phone Number: Click here to enter text. | Email: Click here to enter text. |
| **Recommendation and Testimonial** |
| Describe how the teacher’s extraordinary compassion in teaching made a significant difference in supporting the social, emotional and/or mental health of their school community by:* + Fostering relationships and partnerships;
	+ Supporting SEL and/or mental health through teaching and learning;
	+ Demonstrating leadership (e.g. mentoring, sharing practices, initiating projects); and
	+ Using inclusive and equitable practices in the physical and social environment.

Click here to enter text. |
| If an additional testimonial(s) is being provided by someone other than the nominator, list the name(s).1. Click here to enter text.
2. Click here to enter text.
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**Additional Testimonial (Optional)**

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| School Community (Town, City): Click here to enter text.  |
| **Testimonial Provided By:** |
| Name: Click here to enter text.  | Relationship to Nominee: Choose an item. |
| Phone Number: Click here to enter text. | Email: Click here to enter text. |
| **Testimonial** |
| How has the teacher’s extraordinary compassion in teaching positively impacted you, students, colleagues, families, and/or the school community at large? Please refer to nominating criteria.Click here to enter text. |