**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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| --- | --- |
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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. | |