

6.3 The Cliff King Award

Nominee's Name _____

Nominating Region: _____

Nominee's Information:

Home Address:

Work Address:

Nominee's email address (if available) _____

Home Telephone: _____

Work Telephone: _____

This nomination will be processed in accordance with current NWTTA procedures as stated in Policy. Please provide details specific to relevant sections. The nomination will be scored based on details provided.

1.0 Regional Level NWTTA elected offices and other positions/appointments.

- Please highlight service/projects/activities related to these offices
- Include relevant years

1.1 Regional Executive.

1.2 Regional Committee(s)

(indicate by an asterisk (*) the year(s) when the nominee chaired any of these committees).

1.3 Local Receiving Officer

1.4 Delegate to AMCC

1.5 Other NWTTA service at the School or Regional Level

1.6 Significant contributions at the Regional Level

2.0 TERRITORIAL Level NWTTA elected offices and other positions/appointments

- Please highlight service/projects/activities related to these offices
- Include relevant years

2.1 Number of years teaching in the Northwest Territories.

2.2 NWTTA Central Executive

2.3 NWTTA Standing Committee(s) membership
(indicate by an asterisk (*) the year(s) when the nominee chaired any of these committees)

2.4 NWTTA Special Committee(s)

2.5 Other service at the Territorial Level

2.6 Significant contributions at the Territorial Level

3.0 NATIONAL Level Canadian Teachers' Federation (CTF) elected offices and other positions/appointments

- Please highlight service/projects/activities related to these offices
- Include relevant years

3.1 CTF Board of Directors

3.2 CTF Committee(s) membership

3.3 Other service at the National level

4.0 Outstanding/Significant NWTTA service/projects/activities initiated or led by the nominee or to which the nominee was an outstanding contributor.

- Please provide relevant details
- Include relevant years

5.0 Letter(s) of support to be submitted in addition to the completed nomination form.

- Please provide the following information on the author(s) of the letter(s):
 - Name
 - Title/position
 - Community of residence
 - Contact email address or phone number

Final Verification Section

Certification and Signature of Regional Executive Officers

We certify that _____
(name of nominee)

on _____
(Date)

_____ (Region)

Mover _____
(name)

 _____
(President Signature)

 _____
(Vice President Signature)

has been nominated for the Cliff King Award at a meeting held

and that this nomination has been approved by the

Regional Executive.

Secondar _____
(name)

_____ (Date)

_____ (Date)

If either of the above (Regional President or Vice-President) is the nominee, please have another Regional Executive Member sign, indicating position held.

Declaration By Nominee

I, _____, hereby declare that I have examined the information contained herein
(Print name of nominee)
and do certify that it is true and accurate to the best of my knowledge.

 _____
(Signature of nominee)

_____ (Date)

Please Return Completed Nomination Form By 5:00 pm on March 1 to:

Chairperson
Nominations Committee
Northwest Territories Teachers' Association
5018-48th Street
P.O. Box 2340
Yellowknife, NT X1A 2P7
Email: membership@nwtta.nt.ca
Fax: 867-873-2366

For Office Use Only:

Date received at NWTTA Central Office: _____

Date processed by Nominations Committee: _____

Date approved by Central Executive: _____