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| Chief Executive’s Award for  **Teaching Excellence (2020/2021)** | | | | | | | | | | | |
| Nomination Form | | | | | | | | | | | |
| **Please read the Nomination Guidelines carefully before**  **filling in the Nomination Form.** | | | | | | | | | | | |
| This Nomination Form comprises two parts including Part A and Part B: | | | | | | | | | | | |
| **Part A –** | **Nomination Summary (p. A-1)** | | | | | | | | | | |
| (\*Please replace by the printed copy of e-Form if it is completed and submitted via GovHK) | | | | | | | | | | | |
| **Part B –** | **Nomination Details (p. B-1 to B-9)** | | | | | | | | | | |
|  | **Section I** | | | | **–** | **To be completed by the Nominee1** | | | | | |
|  |  | | | |  | 1. Particulars of the Nominee | | | | | |
|  |  | | | |  | 1. Nominee’s Reflection of Teaching Practices | | | | | |
|  |  | | | |  | 1. Declaration | | | | | |
|  | **Section II** | | | | **–** | **To be completed by the Nominator** | | | | | |
|  |  | | | |  | 1. Particulars of the Nominator | | | | | |
|  |  | | | |  | 1. Reason(s) for Making the Nomination | | | | | |
|  | **Section III** | | | | **–** | **To be completed by the Seconders** | | | | | |
|  |  | | | |  | 1. Particulars of the Seconder | | | | | |
|  |  | | | |  | 1. Reason(s) for Seconding the Nomination (Optional) | | | | | |
|  | **Section IV** | | | | **–** | **Collection and Use of Personal Data** | | | | | |
| **Submission of Nomination** | | | | | | | | | | | |
| Nomination materials, including Nomination Form (Part A and Part B), printed copy of reflection of teaching practices and USB should be submitted in **triplicate**, in person or by post, to the Chief Executive’s Award for Teaching Excellence Secretariat at **Room 1107, 11/F., Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong** on or before **12 November 2020**. For nominations submitted by post, date of the stamp chop will be used as the submission date. Reference number of the submitted e-Form should be quoted on the cover of envelope, if any. | | | | | | | | | | | |
| **Enquiries** | | | | | | | | | | | |
| If you have any enquiries, you are most welcome to contact the CEATE Secretariat through the following ways: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| By Tel.: | | 2892 5782 | | | | | | | | | |
| By E-mail: | | [ate@edb.gov.hk](mailto:ate@edb.gov.hk) | | | | | | | | | |
| By Post: | | The CEATE Secretariat, Room 1107, 11/F., Wu Chung House,  213 Queen’s Road East, Wan Chai, Hong Kong | | | | | | | | | |
|  | | | | | | | | | | | |
| 1 In this Nomination Form, "Nominee" means the nominated teacher of an individual nomination or all group members of a group nomination. | | | | | | | | | | | |
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| **Part A – Nomination Summary** | | | | | | | | | | | |
| 1. Theme to which your nomination belongs: | | | | | | | | | | | |
| **Arts Education KLA / Mathematics Education KLA / Special Educational Needs** \* | | | | | | | | | | | |
| 1. Type of Nomination: **Individual Nomination / Group Nomination** \* | | | | | | | | | | | |
| 1. Name of Nominee: Dr / Mr / Mrs / Ms \* | | | | | | |  | | | | (English) |
| (Individual Nomination or Group Leader) | | | | | | |  | | | |  |
|  | | | | | | |  | | | | (Chinese) |
|  | | | | | | |  | | | |  |
| [Items no. 4 and 5 below: for Group Nomination only] | | | | | | | | | | | |
| 1. Number of group members (excluding group leader): | | | | | | | | |  | | |
| 1. Name of Nominee: Dr / Mr / Mrs / Ms \* | | | | | | |  | | | | (English) |
| (group member 1) | | | | | | |  | | | |  |
|  | | | | | | |  | | | | (Chinese) |
|  | | | | | | |  | | | |  |
| Name of Nominee: Dr / Mr / Mrs / Ms \* | | | | | | |  | | | | (English) |
| (group member 2) | | | | | | |  | | | |  |
|  | | | | | | |  | | | | (Chinese) |
|  | | | | | | |  | | | |  |
| Name of Nominee: Dr / Mr / Mrs / Ms \* | | | | | | |  | | | | (English) |
| (group member 3) | | | | | | |  | | | |  |
|  | | | | | | |  | | | | (Chinese) |
|  | | | | | | |  | | | |  |
| Name of Nominee: Dr / Mr / Mrs / Ms \* | | | | | | |  | | | | (English) |
| (group member 4) | | | | | | |  | | | |  |
|  | | | | | | |  | | | | (Chinese) |
|  | | | | | | |  | | | |  |
| 1. Name of School2: | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| 1. School Address2: | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| 1. Tel. No.2: | | |  | | | | | 1. Fax. No.2: | |  | |
|  | | |  | | | | |  | |  | |
| 1. Email2: | |  | | | | | | | | | |
| \*Delete where appropriate. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 2 Please provide contact information of Group Leader for group nominations. | | | | | | | | | | | |



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| **Part B – Nomination Details**  **Section I – To be completed by the Nominee** | | | | | | | | | | | | | | | | |
| A. Particulars of the Nominee | | | | | | | | | | | | | | | | |
| For group nominations, each Group should comprise not more than five teachers. Please make copies of A. Particulars of the Nominee for each nominee to fill in. | | | | | | | | | | | | | | | | |
| 1. Name of Nominee: Dr / Mr / Mrs / Ms \* | | | | | | | | | |  | | | | (English) | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | (Chinese) | | |
|  | | | | | | | | | | | | | | | | |
| 1. HKID No. (Letter(s) + first 4 digits): | | | | | | | |  | | | | | (e.g. A 1234) | | | |
|  | | | | | | | |  | | | | |  | | | |
| 1. Years of Teaching in HK: | | | | |  | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
| 1. Teacher Registration No.: | | | | | |  | | | | | | | | | | |
| (Teachers who are exempted under Section (9)(1)(a) of the Education Ordinance, Cap. 279 are not required to fill in this item.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. Subject(s) taught in the past 3 years: | | | | | | | | |  | | | | | | | |
| (Kindergarten3 teachers are not required to fill in this item.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. Involved in Special Educational Needs in the past 3 years: Yes / No\* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. Name of School: | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| 1. Type of School: Kindergarten3 / Primary school / Secondary school / Special school / Others | | | | | | | | | | | | | | | | |
|  | | (Please specify: | | | | |  | | | | | | | | | ) \* |
|  | | | | | | |  | | | | | | | | |  |
| 1. School Address: | | |  | | | | | | | | | | | | | |
|  | | |  | | | |  | | | | | | | | | |
| 1. Tel. No.: |  | | | | | | | | | | (School) |  | | | (Mobile) | |
|  |  | | | | | | | | | |  |  | | |  | |
| 1. Fax. No.: |  | | | | | | | | | | | | | | | |
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| 1. E-mail: |  | | | | | | | | | | | | | | | |
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| \*Delete where appropriate | | | | | | | | | | | | | | | | |
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| 3 These also include kindergarten-cum-child care centres and schools with kindergarten classes. | | | | | | | | | | | | | | | | |

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| **Section I –**  **To be completed by the Nominee** | | | | | | | |
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| 1. Education-related working experience in Hong Kong | | | | | | | |
|  | | Organisation |  | Post |  | Period of Service |
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| 1. Education Background and Education-related Professional Qualifications | | | | | | |
|  | | Awarding Institution |  | Qualification Obtained |  | Conferment Date |
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| 1. Education bodies/ organisations of which you were/ are a participant/ member | | | | | | |
|  | | Body / Organisation |  | Position held |  | Period |
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| **Section I –**  **To be completed by the Nominee** | | | | | |
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| B. Nominee’s Reflection of Teaching Practices | | | | | |
| 1. Nominees are required to describe the following in not more than 10 pages in accordance with the format as set out in paragraph 7.2 of the Nomination Guidelines: | | | | | |
|  | | | | | |
| 1. A reflection of their teaching practices and their philosophy of teaching or conceptual framework of what constitutes teaching excellence in “Arts Education KLA”, “Mathematics Education KLA” and “Special Educational Needs”. | | | | | |
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| 1. Relevant examples and details to illustrate the outcomes and effect in respect of the four domains of assessment as set out in paragraph 9.2 of the Nomination Guidelines. | | | | | |
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| 1. What teaching practices they will disseminate and how they will take forward their dissemination, if awarded. | | | | | |
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| 1. For group nominations, the reflection of teaching practices should represent the group as a whole. It should describe clearly the contribution of each group member to the teaching practices. | | | | | |
|  | | | | | |
| 1. Nominees may refer to the Appendix I (Reference Questions for Preparing Nominations) and Appendix II (Template of Reflection of Teaching Practices) in Nomination Guidelines respectively. | | | | | |
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| 1. Nominees could prepare their reflection of teaching practices in either Chinese or English. | | | | | |
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| 1. Nominees may be required by the Assessment Panel to submit more detailed information as evidence when necessary. | | | | | |

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| **Section I –**  **To be completed by the Nominee** | | | | | | | |
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| **C. Declaration** | | | | | | | |
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| 1. I hereby certify that the information contained in this Form is correct and true to the best of my knowledge. | | | | | | | |
|  | | | | | | | |
| 1. I agree to the rules and regulations as stipulated in this Form and the Nomination Guidelines. | | | | | | | |
|  | | | | | | | |
| 1. I understand that my nomination will not be considered if the submitted nomination materials do not comply with the requirements as set out in Part VII of the Nomination Guidelines. | | | | | | | |
|  | | | | | | | |
| 1. For the purpose of examining my eligibility, assessing my nomination or examining my awardee’s status (if applicable), I understand that the Education Bureau will access my teacher registration information and agree that such information will be disclosed to related persons, if necessary. | | | | | | | |
|  | | | | | | | |
| 1. I am willing to participate in the sharing activities (as set out in Part V of the Nomination Guidelines) that may be organised by the Education Bureau or any other organisations/ agents authorised by the Education Bureau for the development of the teaching profession, should I be awarded. | | | | | | | |
|  | | | | | | | |
| 1. I agree that the Education Bureau may use, distribute, disseminate, publish and/ or reproduce the information related to the teaching practice(s) provided in or obtained from this nomination, should I be awarded. | | | | | | | |
|  | | | | | | | |
|  | Name(s) of Nominee(s) |  | Signature |  | Date |  |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
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| **Section II –**  **To be completed by the Nominator** | | | | | | | | | | | | |
| A. Particulars of the Nominator | | | | | | | | | | | | |
| Each nomination should be made by one Nominator only. Nominators should be the school heads4 or colleagues of the Nominee(s)’ current schools, peers or experienced educators in their personal capacity. Self-nomination is also accepted. | | | | | | | | | | | | |
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| For self-nominations, please complete item no. 1 only. | | | | | | | | | | | | |
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| 1. Self-nomination: □ Yes □ No (please “ ✓ “ as appropriate) | | | | | | | | | | | | |
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| 1. Name: Dr / Mr / Mrs / Ms \* | | | | | | |  | | | | | (English) |
|  | | | | | | |  | | | | |  |
|  | | | | | | |  | | | | | (Chinese) |
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| 1. Organisation: | | | |  | | | | | | | | |
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| 1. Position: | | |  | | | | | | | | | |
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| 1. Relationship with the Nominee(s): | | | | | | | |  | | | | |
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| 1. Professional Qualifications in the Education Field (if applicable): | | | | | | | | | | | | |
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| 1. Correspondence Address: | | | | | |  | | | | | | |
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| 1. Tel. No.: | | |  | | | | | | | | | |
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| 1. Fax. No.: | | |  | | | | | | | | | |
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| 1. E-mail: | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| \* Delete where appropriate | | | | | | | | | | | | |
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| B. Reason(s) for Making the Nomination | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Describe in not more than 500 words why you wish to nominate the Nominee(s). This part can be completed in either Chinese or English. (Please use separate sheet if necessary and sign on the attached sheet.) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature of Nominator: | | | | |  | | | | Date: | |  | |
|  | | | | | | | | | | | | |
| 4 According to paragraph 6.6 of the Nomination Guidelines, the school heads of the nominees should either be the nominator or the seconders of the nominations. | | | | | | | | | | | | |

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| **Section III –**  **To be completed by the Seconders** | | | | | | | | | | | |
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| Each nomination should be seconded by two to three Seconders who should be the school heads4 or colleagues of the Nominee(s)’ current schools, peers or experienced educators, students (including former students) or parents in their personal capacity. | | | | | | | | | | | |
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| **First Seconder** | | | | | | | | | | | |
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| A. Particulars of the Seconder | | | | | | | | | | | |
|  | | | | | | |  | | | |  |
| 1. Name: Dr / Mr / Mrs / Ms\* | | | | | | |  | | | | (English) |
|  | | | | | | |  | | | |  |
|  | | | | | | |  | | | | (Chinese) |
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| 1. Organisation: | | | |  | | | | | | | |
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| 1. Position: | |  | | | | | | | | | |
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| 1. Relationship with the Nominee(s): | | | | | | | |  | | | |
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| 1. Professional Qualifications in the Education Field (if applicable): | | | | | | | | | | | |
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| 1. Correspondence Address: | | | | | |  | | | | | |
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| 1. Tel. No.: | | |  | | | | | | | | |
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| 1. Fax. No.: | | |  | | | | | | | | |
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| 1. E-mail: | | |  | | | | | | | | |
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| \* Delete where appropriate. | | | | | | | | | | | |
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| B. Reason(s) for Seconding the Nomination (Optional) | | | | | | | | | | | |
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| Describe in not more than 300 words why the nomination is supported. This part may be completed in either Chinese or English. (Please use separate sheet if necessary and sign on the attached sheet.) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Signature of First Seconder: | | | | |  | | | | Date: |  | |
|  | | | | | | | | | | | |
| 4 According to paragraph 6.6 of the Nomination Guidelines, the school heads of the nominees should either be the nominators or the seconders of the nominations. | | | | | | | | | | | |



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| **Section III –**  **To be completed by the Seconders** | | | | | | | | | | | |
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| **Second Seconder** | | | | | | | | | | | |
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| A. Particulars of the Seconder | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. Name: Dr / Mr / Mrs / Ms\* | | | | | | |  | | | | (English) |
|  | | | | | | |  | | | |  |
|  | | | | | | |  | | | | (Chinese) |
|  | | | | | | | | | | |  |
| 1. Organisation: | | | | |  | | | | | | |
|  | | | | |  | | | | | | |
| 1. Position: | | |  | | | | | | | | |
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| 1. Relationship with the Nominee(s): | | | | | | | |  | | | |
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| 1. Professional Qualifications in the Education Field (if applicable): | | | | | | | | | | | |
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| 1. Correspondence Address: | | | | | |  | | | | | |
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| 1. Tel. No.: | | | |  | | | | | | | |
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| 1. Fax. No.: | | | |  | | | | | | | |
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| 1. E-mail: | |  | | | | | | | | | |
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| \* Delete where appropriate. | | | | | | | | | | | |
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| B. Reason(s) for Seconding the Nomination (Optional) | | | | | | | | | | | |
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| Describe in not more than 300 words why the nomination is supported. This part may be completed in either Chinese or English. (Please use separate sheet if necessary and sign on the attached sheet.) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Signature of Second Seconder: | | | | | | |  | | Date: |  | |



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| **Section III –**  **To be completed by the Seconders** | | | | | | | | | | | | |
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| **Third Seconder** | | | | | | | | | | | | |
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| A. Particulars of the Seconder | | | | | | | | | | | | |
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| 1. Name: Dr / Mr / Mrs / Ms\* | | | | | | | |  | | | | (English) |
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| 1. Organisation: | | | | |  | | | | | | | |
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| 1. Position: | | |  | | | | | | | | | |
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| 1. Relationship with the Nominee(s): | | | | | | | | |  | | | |
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| 1. Professional Qualifications in the Education Field (if applicable): | | | | | | | | | | | | |
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| 1. Correspondence Address: | | | | | | |  | | | | | |
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| 1. Tel. No.: | | | |  | | | | | | | | |
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| 1. Fax. No.: | | | |  | | | | | | | | |
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| 1. E-mail: | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| \* Delete where appropriate. | | | | | | | | | | | | |
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| B. Reason(s) for Seconding the Nomination (Optional) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Describe in not more than 300 words why the nomination is supported. This part may be completed in either Chinese or English. (Please use separate sheet if necessary and sign on the attached sheet.) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature of Third Seconder: | | | | | |  | | | | Date: |  | |

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| **Section IV –**  **Collection and Use of Personal Data** |
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| 1. The personal data provided in this Form will be used by the Education Bureau, Assessment Panels or any persons, organisations/ agents appointed by the Education Bureau for the purpose of assessing nominations for the Chief Executive’s Award for Teaching Excellence. For nominations that are awarded, all information provided for the purpose of assessment may be used, distributed, disseminated, published and/ or reproduced for the purpose of disseminating good teaching practices by the Education Bureau and/ or any organisations/ agents appointed or authorised by it. |
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| 1. The provision of personal data in this Form is voluntary and will facilitate the consideration of the nomination. However, if insufficient information is provided by the Nominee(s), the Nominator and/ or the Seconders, the Assessment Panel may not be able to assess the nomination. |
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| 1. The relevant personal data (e.g. names of the Nominees, Nominators and Seconders) provided in this Form may be disclosed to public sector schools, Direct Subsidy Scheme schools or private schools, other education institutions or organisations and other related persons or bodies including their authorised agents or representatives for the purpose mentioned in paragraph 1 above. |
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| 1. Under the Personal Data (Privacy) Ordinance (Cap. 486), Nominees, Nominators and Seconders have a right to request access to and correction of the personal data in relation to this nomination. The right of access includes the right to obtain a copy of the personal data provided in this Form, subject to payment of a fee. In case of need, please write to the CEATE Secretariat, Room 1107, 11/F., Wu Chung House, 213 Queen’s Road East, Hong Kong. For enquiries, please call 2892 5782. |

