

THE SCHOOLZINE MERLINE MULDOON AWARD

INNOVATION IN TEACHING

PROUDLY SPONSORED BY:



- Providing recognition for inspirational Queensland registered teachers. View the Terms and Conditions for further information about eligibility.
- Please include any supporting documents as attachments along with this form, as well as a photo of the nominee, and send to teachx@qct.edu.au.

Please ensure you have read the Terms and Conditions before completing the form. NOTE: * required field

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NOMINEE INFORMATION	N				
Title*					
Given/First name*					
Middle name					
Surname/Family name*					
QCT registration number*					
Email address*					
Daytime contact number			Mobile number		
Preferred postal address					
Town			State	Postcode	
TEACHING EXPERIENCE					
Position title*					
Current school/service name*					
Daytime contact number of school/service*					
Length of teaching service in					
Queensland (years)*					
Year level(s) currently teaching* Subject area(s) currently					
teaching (if secondary)					
NOMINEE CONSENT					
	if my nomination is included and participate in an integrated understand that if I am to COVID-19 restrictions invited guests during the	nination in the Queensland ded in a shortlist, I may be erview by telephone or vi selected as a finalist, I w s) with other finalists, repre- week of celebrations for my personal information for	e required to provide evication ink at a designated rill be required to attendate resentatives from the Bor World Teachers' Day—I	dence of measurable time with the jude an awards ceremard of the QCT, seriday 30 October	ole outcomes ging panel. I nony (subject ponsors and 2020. I give

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NOMINATOR INFORMAT	ION (excluding self-nominations)
Title*	
Given/First name*	
Middle name	
Surname/Family name*	
QCT registration number*	
Email address*	
Daytime contact number	Mobile number
Preferred postal address	
Town	State Postcode
Position title/occupation*	
School/service/organisation*	
Relationship to nominee*	
NOMINATOR CONSENT	
	I confirm that the information included in the nomination form is true and correct. I give permission to disclose
	my personal information for the purpose of the TEACHX Awards and promoting the teaching profession.
PRINCIPAL ENDORSEME	ENT
Title*	
Given/First name*	
Surname/Family name*	
School/service*	
Email address*	
Position*	Contact number
	I confirm the bona fides of the nominator's response to the criteria, and support this nomination.
PRINCIPAL COMMENT*	
(*Optional	
, ,	









Demonstration of evidence of professional knowledge, professional practice and professional engagement

1. What makes this teacher an exemplary innovator in the profession? (up to 500 words max.)

Provide specific examples that relate to the Australian Professional Standards for Teachers.

These may include:

- Knowledge of students' individual needs
- Effective practice in planning, teaching, assessment and feedback on student learning
- Supportive and safe learning environments for students
- Engagement in ongoing professional learning
- Professional engagement with parents/carers, colleagues and the school community.

(If the text fields below are difficult to complete, please attach a Word document.)









Demonstration of evidence of professional knowledge, professional practice and professional engagement
2. Highlight some of the measurable outcomes of the innovations of the nominee in your school community and/or the teaching profession.
(up to 500 words max.)









Background information about the nominee
3. Overall, what has been the impact of the nominee's innovative practice? Please provide examples that might resonate with teachers, parents and/or students.
(up to 500 words max.)









Background information about the nominee			
4. What approach has the nominee taken to overcome challenges in introducing innovations during their teaching career?			
(up to 500 words max.)			









Background information about the nominee
5. Has there been any prior recognition of the nominee's innovative practice?



