

INDEPENDENT TERTIARY EDUCATION NEW ZEALAND

AWARDS FOR EXCELLENCE

Nomination Form

Nominee	This section MUST be compl	leted by the <u>Nominee</u> .		
Title	First Name	Surname		
Position				
PTE name				
Phone		Email		
Work Address				
The PTE is an IT	ΓENZ Member	Yes 🗌	No 🗌	
This nomina	tion is for the category (p	olease tick)		
Tutor of the Ye	ar 🗌			
Outstanding Pe	erformance Award 🔲			
Provider of the	Year 🗌			

Nominator This section **MUST** be completed by the Chief Executive or equivalent or their appointed representative. For Provider of the Year, this **MUST** be completed by the Chair of the Board or equivalent or their appointed representative.

• •	s the criteria of the award category and follows procedures of exceed 3,000 words
Signature	Nominating Organisation
Address	
Date	

First name_____ Surname____

The application must contain

Title_____

- One electronic copy of the portfolio in PDF format accompanied by a screen snapshot verifying the word count (less than 3000 words).
- One electronic copy of the completed Nomination Form in PDF format.
- One electronic copy of the Employment History in PDF format.