

## 2025/26 Outstanding Teaching Award for Values Education

### Nomination Form

Section A: Particulars of the Participating School			
School Name:			
School Sponsoring Body:			
Name of School Head:		E-mail of School Head:	
School Address:			
School Phone No.:		School Fax No.:	
School Type:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Special <input type="checkbox"/> Through-train		
Division:	<input type="checkbox"/> Primary School <input type="checkbox"/> Secondary School <small>(Each participating school should submit one nomination form for each participating team)</small>		
Web link of School Calendar of the current school year (PDF file) for downloading:			

Our school nominates the following participating teacher(s) to form a participating team to take part in the 2025/26 Outstanding Teaching Award for Values Education (OTAVE).

The particulars of the participating team are as follows:

Section B: Particulars of the Participating Team				
Theme	<input type="checkbox"/> Sex Education <input type="checkbox"/> Life Education	<input type="checkbox"/> Media and Information Literacy Education <input type="checkbox"/> Promotion of "Benevolence" and "Unity"	Grade/ Class level	<div style="text-align: right; font-size: small;">[One grade/ class level only; cross-level not allowed]</div>
Key Learning Area/ Subject/ Cross Disciplinary Area				
Participating Teacher 1	Name (in Chinese)		Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Name (in English)			
	Mobile Phone No.		RT/ PT Ref. No.	
	Personal E-mail		Teaching Experience	yrs
	Position and duties at present	<div style="font-size: x-small;">[e.g. Vice Principal (XX)/ XX Class Teacher/XX Subject Panel/XX activity Teacher i/c]</div> <div style="font-size: x-small;">Roles and involvement in the aspects of values education curriculum and teaching and learning:</div>		
Participating Teacher 2	Name (in Chinese)		Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Name (in English)			
	Mobile Phone No.		RT/ PT Ref. No.	
	Personal E-mail		Teaching Experience	yrs
	Position and duties at present	<div style="font-size: x-small;">[e.g. Vice Principal (XX)/ XX Class Teacher/XX Subject Panel/XX activity Teacher i/c]</div> <div style="font-size: x-small;">Roles and involvement in the aspects of values education curriculum and teaching and learning:</div>		

Participating Teacher 3	Name (in Chinese)		Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Name (in English)			
	Mobile Phone No.		RT/ PT Ref. No.	
	Personal E-mail		Teaching Experience	yrs
	Position and duties at present	<i>[e.g. Vice Principal (XX)/ XX Class Teacher/XX Subject Panel/XX activity Teacher i/c]</i> <i>Roles and involvement in the aspects of values education curriculum and teaching and learning:</i>		

Section C: Submission of Learning & Teaching Plan (L&T Plan)	
Web link of Virtual Folder for downloading:	<i>(Please ensure that the general access of the web link has been set as "Anyone with the link" to facilitate the enrolment process.)</i>

Section D: Declaration of the Participating Team			
1. The participating team hereby declares that the information submitted in this nomination form is accurate. 2. Teacher(s) of this participating team agree(s) the Education Bureau (EDB) to the use, publication, and/or reproduction of the submitted information for the promotion of good practices. 3. If awarded, all participating teachers acknowledge that they will be invited to participate in the professional development activities organised by the EDB, and they will make every effort to attend and share their teaching practices and outcomes with the teaching personnel of the sector.			
Name of Participating Teachers			
Signature of Participating Teachers			

Section E: School Consent	
I agree to the above teachers to participate in the 2025/26 Outstanding Teaching Award for Values Education (OTAVE), and hereby confirm that the content of this nomination form submitted via the <b>school e-mail</b> is accurate, with the L&T Plan included to enroll in the OTAVE.	
Signature of School Head: _____ Name of School Head: _____ Name of School: _____ School Telephone No.: _____ School E-mail Address: _____ Date: _____	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p style="text-align: center;">(School Chop)</p>