

# 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	<i>(Each participating school should submit one nomination form for each participating team)</i>	
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 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"/> Health Education	Grade/ Class level	[One grade/class level only; cross-level not allowed]
	<input type="checkbox"/> Life Education	<input type="checkbox"/> Media and Information Literacy Education		
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)			
	Personal e-mail		Mobile phone no.	
	RT/PT Ref. No.		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>		
Participating Teacher 2	Name (in Chinese)		Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Name (in English)			
	Personal e-mail		Mobile phone no.	
	RT/PT Ref. No.		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>		

Participating Teacher 3	Name (in Chinese)		Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
	Name (in English)				
	Personal e-mail		Mobile phone no.		
	RT/PT Ref. No.		Teaching experience	yrs	
	Position and duties at present				

*[e.g. Vice Principal (XX)/ XX Class Teacher/XX Subject Panel/XX activity Teacher i/c]*

### 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>
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### 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 EDB, and they will make every effort to attend and share their teaching practices and outcomes with the fellow teaching personnel of the education sector.

Name of participating teacher(s)			
Signature of participating teacher(s)			

### Section E: School Consent

I agree to the above teachers to participate in the Outstanding Teaching Award for Values Education (OTAVE), and hereby confirm that the content of this nomination form submitted via the **school e-mail** is accurate, with the L&T Plan included to enrol in the OTAVE.

Signature of School Head:	_____	(School Chop)
Name of School Head:	_____	
Name of School:	_____	
School Telephone No.:	_____	
School E-mail Address:	_____	
Date:	_____	