# Community Fellow Award Nomination Form

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| --- | --- | --- | --- |
| Nomination year: |  | | |
| Name of Nominee: |  | | |
| Nominee’s Institution: |  | | |
| Nominee’s Email: |  | | |
|  |  | | |
|  |  | | |
| Is the Nominee aware of this nomination: | | YES | NO |

## Declaration

I wish to nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , for an ASCILITE Community Fellow Award in recognition of outstanding contributions to the exemplary use of, and/or research into, technologies for teaching and learning in tertiary education for and with communities.

Please note, you may self-nominate.

## Nomination Categories

Category of nomination (please tick a minimum of two):

|  |  |
| --- | --- |
| Works within the community to develop professional leadership in the development, application or implementation of exemplary technology-related projects for teaching and learning in tertiary education. |  |
| Encourages and supports the exemplary use of technologies for teaching and learning in tertiary education within the community. |  |
| Innovations in practice in the exemplary use of technologies for teaching and learning in tertiary education. |  |
| Participating and initiating discussion in the use of technologies for teaching and learning in tertiary education. |  |

## Nominee’s contribution

Details of significant contribution to a learning community (250 words maximum):

Details of how this contribution aligns to the strategic goals and vision of ASCILITE (100 words maximum):

What makes this nominee suitable to be an ASCILITE Community Fellow? List 3 key achievements that form the basis of this community fellow application (100 words):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nominator Details  |  |  |  | | --- | --- | --- | | Nominator’s Signature: |  |  | | Nominator’s Institution: |  |  | | Nominator’s Email: |  |  | | Date: |  |  | |  |
| Seconder Details\*  |  |  |  | | --- | --- | --- | | Seconder’s Signature: |  |  | | Seconder’s Institution: |  |  | | Seconder’s Email: |  |  | | Date: |  |  | |  |

*\*The seconder must be a current member of ASCILITE.*

Please return this form by email to [secretariat@ascilite.org](mailto:secretariat@ascilite.org) by the due date indicated on the ASCILITE website.