



**NOMINATION FORM 2024**

To be completed by the Nomination Team. Note the eligibility and disqualification criteria in the NTA Information Guide. All forms must be handed in to the district on or before the date determined by the relevant Provincial Education Department.

**Category of nomination (Please refer to the NTA Information Guide):**

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The **Nomination Team** wishes to nominate the following individual or team members for the above category. Attach copies of **proof of SACE registration, and ID document** of each nominee to the nomination form:

Title	First Name	Surname	SACE Registration Number	Mobile Number

**School/Centre Details:**

School Name		EMIS No.	
Name of Principal			
Type of School	Primary/Secondary/Combined/Full Service/Special Needs/ECD Centre		
School/Centre Physical Address			
Telephone No.		Fax No.	
E-mail Address		Cell No.	
District/Region		Province	

**Endorsement:** By signing the nomination form, the Principal and SGB/CGB Chairperson endorse the nomination by the Nomination Team.

Signature of Principal		Date	
Signature of Chairperson of the SGB/CGB		Date	

**Special Notes:**

- If the Principal or SGB/CGB Chairperson cannot sign for whatever reason, please also provide the information in the table below.
- If the Principal is the nominee, he/she must only sign in the space provided for the Nominee(s) on the Form .
- The SGB/CGB of the Nomination Team must agree on a person who will sign on behalf of the Principal.
- If a District/Regional Official is the nominator, the Principal must endorse the nomination.

Name of person signing on behalf of the Principal or Chairperson of the SGB/CGB	
Designation of Signatory	
Statement of Motivation for signing on behalf of the Principal or Chairperson of the SGB/CGB	

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**SELF/TEAM PORTRAIT FORM 2024**

Use the space below to provide relevant information that will serve as **evidence of excellence** in the category you are nominated for. Please be guided by the generic and specific criteria of the category you are nominated for. For the IT Category please make specific reference to the use of technology in the classroom with learners and/or with colleagues. **Note the eligibility and disqualification criteria in the Information Guide. No CV is required.**

**Provide the following general information:**

Level of teaching: Gr R/Foundation Phase/Intermediate Phase/Senior Phase/FET Phase/Special School

Subject(s) responsible for: .....

Years of teaching experience in South Africa:.....

Years of teaching experience at your current school/centre: .....

Leadership position (Leadership category): Deputy Principal/Principal .....

Level(Leadership category): Primary School/Secondary School/Combined School/Full Service School/  
 Special Needs & ECD School

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**Self/Team Portrait:**

**NTA 2024**

COMPLETE FORM 2

**SELF/TEAM PORTRAIT FORM 2024**



**NTA 2024**

COMPLETE FORM 2

SELF/TEAM PORTRAIT FORM 2024

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**Declaration by nominee(s)**

I/we declare that the information submitted in the Self/Team Portrait is true and correct.

Title	First Name	Surname	Signature



## MOTIVATION FORM 2024

The **Nomination Team** from the school/centre must provide reasons for nominating the individual teacher/team for entry into the National Teaching Awards 2024. Use the following headings to provide evidence of excellence in the category the teacher/team is nominated for. Please note that some of the headings might not be applicable to all the categories:

- Fulfill an excellent role in the classroom/school/centre/community (through the use of technology – IT category)
- An inspirational role model for teachers/learners/parent's/community members/guardians and other stakeholders
- Significant contribution to the teaching profession
- Inspires and leads learning in school/community

COMPLETE FORM 3

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The Nomination Team certifies that the above information is true and correct:

Name of Chairperson of the Nomination Team/District Official	
Signature	
Date	

**Checklist: Check your nomination package. Did you include all the required completed forms?**

	<i>Including?</i>
<b>Form 1:</b> Signed by the Principal and SGB Chairperson or Designated Person(s)	
<b>Form 2:</b> Signed by the nominee(s)	
<b>Form 3:</b> Signed by the Chairperson of the Nomination Team and provided a School Stamp	
Proof of SACE registration (certified)	
ID Document (certified)	

SCHOOL/CENTRE STAMP