**2022 ASTI Awards Nomination Form**

**PJ Kennedy Award**

**INFORMATION ON NOMINEE -** Please fill-in all sections fully as only information provided on form will be considered by Awards Committee**:**

|  |
| --- |
| Name |
| Home Address |
| Contact number |
| School Name of Nominee before retirement |
| Branch Name of Nominee before retirement |

This nomination has been made by the branch after discussion on the criteria.

**Retired member(s) who have given valuable service to their school, branch and/or branch members**

**Such a nominee(s) might be a**

* **diligent school steward**
* **branch officer whose years of commitment and sterling service warrant such recognition**

**The recipient(s) must be a retired member.**

**Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Branch Secretary’s Contact Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nominations must be returned **on or before 8th December 2022** for consideration by the ASTI Awards Committee. Only information provided on this form will be considered. **Any contact with the ASTI Awards Committee is inappropriate.**

**PJ Kennedy Award**

The Branch recommends that the nominee (retired teacher) should be considered for this award for the following reasons.

**Positions held by nominee in the ASTI**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL / BRANCH Level**  | **Dates Held/****Years**Must be filled  | **ASTI Committee(s)**  | **Dates Held/****Years**Must be filled  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Further information:**



**2022 ASTI Awards Nomination Form**

**Thomas MacDonagh Medal**

**INFORMATION ON NOMINEE** Please fill-in all sections fully as only information provided on form will be considered by Awards Committee**:**

|  |
| --- |
| Name |
| Home Address |
| Contact number |
| School Name of Nominee  |
| Branch Name of Nominee  |

This nomination has been made by the branch after discussion on the criteria.

**Current or retiring members who in the view of the ASTI Awards Committee have given distinguished service to the ASTI and who**

**merit this honour.**

**Such service should include:**

* **outstanding service in a representative capacity on an outside body or within the structures of the ASTI**
* **action or position taken by a member which generates significant benefits for other ASTI members**

**Service at national level while it may lead to the award of the Thomas Mac Donagh medal is not a prerequisite**

**A recipient may be awarded the medal on only one occasion.**

**Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Branch Secretary’s Contact Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nomination must be returned **on or before 8th December 2022** for consideration by the ASTI Awards Committee. Only information

provided on this form will be considered. **Any contact with the ASTI Awards Committee is inappropriate.**

**Thomas MacDonagh Medal**

The Branch recommends that the nominee should be considered for this award for the following reasons.

**Positions held by nominee in the ASTI**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCHOOL / BRANCH Level**  | **Dates Held/****Years**Must be filled  | **ASTI Committee(s)**  | **Dates Held/****Years**Must be filled  | **NATIONAL Level**  | **Dates Held/****Years**Must be filled  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Further information:**



**2022 ASTI Awards Nomination Form**

**Honorary Life Membership**

**INFORMATION ON NOMINEE** Please fill-in all sections fully as only information provided on form will be considered by Awards Committee:

|  |
| --- |
| Name |
| Home Address |
| Contact number |
| School Name of Nominee before retirement |
| Branch Name of Nominee before retirement |

This nomination has been made by the branch after discussion on the criteria.

**A member who has given singular and exceptional service to the ASTI and who merits this honour.**

**Such qualities may include:**

* **outstanding leadership qualities and/ or vision**
* **service as an inspirational role model for ASTI members or teachers**
* **actions which benefited the teaching profession and the ASTI**

**Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Branch Secretary’s Contact Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nomination must be returned **on or before 8th December 2022** for consideration by the ASTI Awards Committee. Only information

provided on this form will be considered. **Any contact with the ASTI Awards Committee is inappropriate.**

**Honorary Life Membership**

The Branch recommends that the nominee should be considered for Honorary Life Membership for the following reasons.

**Positions held by nominee in the ASTI**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCHOOL / BRANCH Level**  | **Dates Held/****Years**Must be filled  | **ASTI Committee(s)**  | **Dates Held/****Years**Must be filled  | **NATIONAL Level**  | **Dates Held/****Years**Must be filled  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Singular and Exceptional service** |  |
| **Outstanding Leadership Qualities** |  |
| **Inspirational Role Model** |  |
| **Initiatives** |  |
| **Actions which gave long term****benefits to ASTI and membership** |  |

**Further information:**