

MICHELLE HARKNESS MENTORSHIP AWARDS
2019-20 COMPETITION

CATEGORY 1: LIFETIME MENTORING ACHIEVEMENT AWARD
NOMINATION FORM

1. NOMINEE Information

Last Name (family name)			
Given Name(s)			
Title and Institution/Organization			
Address			
Email		Telephone	
Relationship to AllerGen NCE Inc. (if applicable)			

2. Primary NOMINATOR Information

Last Name (family name)			
Given Name(s)			
Title and Institution/Organization			
Address			
Email		Telephone	
Relationship to AllerGen NCE Inc. (if applicable)			
Relationship to the Nominee			
Primary Nominator's Signature			
Date			



3. Demonstrated Mentoring Behaviours

Describe the mentoring behaviours of the nominee. Use 11pt Arial Font and limit your response to the space provided. Refer to the *MHMA Program Guide* for examples.



4. Duration and Scope of Mentoring Efforts

Describe the duration and scope of the mentoring efforts that the nominee has demonstrated. Use 11pt Arial Font and limit your response to the space provided. Refer to the *MHMA Program Guide* for examples.



5. The “Michelle Criterion”

Provide evidence of the nominee’s altruistic investment in the people around him/her. Use 11pt Arial Font and limit your response to the space provided. Refer to the *MHMA Program Guide* for examples.



6. Nominee's Curriculum Vitae

Provide the *Curriculum Vitae* of the nominee in a separate file. (Maximum 5 pages)

7. Signatories

Please provide a minimum of two additional signatories to a maximum of 10 signatories (including primary nominator) in total to support the nomination.

1. Primary Nominator:

Date:

2. Secondary Nominator:

Date:

3. Tertiary Nominator:

Date:

4. Name:

Date:

5. Name:

Date:

6. Name:

Date:

7. Name:

Date:

8. Name:

Date:

9. Name:

Date:

10. Name:

Date:

