

MICHELLE HARKNESS MENTORSHIP AWARD
2020-21 COMPETITION

CATEGORY 2B: MENTORING EXCELLENCE - NON-INVESTIGATOR
NOMINATION FORM

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

2. Primary NOMINATOR Information			
Last Name (family name)			
Given Name(s)			
Title and Institution/Organization			
Address			
Email		Telephone	
Relationship to AllerGen 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. 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:

