

 **ATVI**

**Association of Teachers of Visually Impaired**

**Barbara Armitage Award Nomination Form**

Nominee………………………………………………………………………..

Nominated by: …………………………………………………………………

Phone No:…………………………… Email ……………………………….

Signed……………………………….. Date…………………………………

**Reason for Nomination:** (Max 500 words)

Please provide details of the nominee’s contribution in one or more of the following aspects - leadership, commitment, excellence or innovation.

(A separate sheet may be used and attached to this form)