**Nomination Form: MPLS Award for Outstanding Supervision 2023**

Two nomination forms are necessary for each proposed supervisor. First nominations should be from current researchers or research students in the group of the nominee. Second nominations may also come from current group members but past members are also encouraged for areas where smaller research groups are common. Each nomination can have multiple signatures from eligible researchers. If you are thinking about nominating your supervisor please talk to others to ensure there are not more than two nomination forms are submitted.   
**Only two will be read**.

CONTACT INFORMATION

|  |  |
| --- | --- |
| Your name, role, department or college and contact details |  |
| Name, role and department or college of nominee (supervisor) |  |
| Nominee’s contact details |  |

RELATIONSHIP WITH NOMINEE

[*Please state briefly the nature of your professional relationship with the supervisor nominated by you (e.g. “Dr X has been my graduate advisor since 2021.”). Please also list any conflicts of interest you may perceive in this application beyond those that would always arise from any nomination of a supervisor.*]

NOMINATION

*Please read through the following guidance and documents before you nominate your supervisor to ensure their support is outstanding* <https://www.mpls.ox.ac.uk/graduate-school/information-and-resources-for-supervisors/essentials-of-supervision#support-and-resources>

*In 400 words describe why you believe that the nominee should receive an award for excellence in research supervision using the following criteria as a guide:*

* *How does your supervisor enable members of the research group to develop their skills and abilities?*
* *How does your supervisor create a positive, inclusive working culture in the group?*
* *What examples do you have of your supervisor going above and beyond expectations in leading your group?*

AGREEMENT AND SIGNATURE

*I confirm that the information provided in this nomination is a true representation of the work that the named individual has carried out.*

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

Supporting Signatures

|  |  |
| --- | --- |
| Signature |  |
| Name Role & Department |  |
| Date |  |

|  |  |
| --- | --- |
| Signature |  |
| Name Role & Department |  |
| Date |  |

*Please add further supporting signatures as necessary.*

***Save as PDF and submit by 5pm on 17 November 2023 to karen.brayshaw@mpls.ox.ac.uk***