**NOMINATION FORM**Please ensure that you have read the [CRS (PS) guidance](https://www.hr.admin.cam.ac.uk/files/contribution_reward_scheme_2026_-_guidance_document.pdf) before completing this form.

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| **Section A: Details of employee being nominated for an award** | | | | |
| **Is this a manager-led nomination or a self-nomination?** | | Choose an item. | | |
| **Title** |  | | | |
| **Forename(s)** |  | | | |
| **Surname** |  | | | |
| **Email address** |  | | | |
| **Current job title** |  | | | |
| **Current institution** |  | | | |
| **Type of award being requested?** | | | Choose an item. | |
| **Level of award being requested?** | | | Choose an item. | |
| **Please tick to confirm that the employee meets the eligibility criteria set out below:** | | | | |
| They are an Academic-Related or Assistant member of staff in grades 1-11 | | | |  |
| They have been in their post and at their current grade for at least six months prior to 1 October 2025 | | | |  |
| They do not plan to leave University employment before 15 April 2026 | | | |  |

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| **Details of the employee’s line manager** | |
| **Job title** |  |
| **Name** |  |
| **Email address** |  |

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| **Section B: To be completed by employee for self-nominations only.** | | | |
| **Details of the case for an award.**   * Please ensure that you have discussed your intent to self-nominate with your line manager. * Please set out the reasons for this self-nomination. * Once completed, send this form to your line manager for consideration and completion of section C. | | | |
| *(Please continue typing to expand the box)* | | | |
| Signature *(an electronic signature is sufficient)* |  | Date |  |

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| **Section C: To be completed by the line manager for all nominations.** | | | | |
| **Details of the case for an award:**   * For manager-led nominations: please set out the reasons for this nomination, including references to the employee’s most recent SRD meeting, if relevant. * For self-nominations: please comment on the details provided by the employee and their contribution, confirming whether or not you are supportive of the proposed award. | | | | |
| **If this is a self-nomination, do you support the nomination?** | | | | Choose an item. |
| **Please confirm if there is sufficient funding to support this award** | | | | Choose an item. |
| *(Please continue typing to expand the box)* | | | | |
| Signature *(an electronic signature is sufficient)* |  | Date |  | |

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| **Section D: To be completed by the Head of Institution** | | | | |
| **Do you support the application?** | | | | Choose an item. |
| **What type of award do you support?** | | | | Choose an item. |
| **What level of award do you support?** | | | | Choose an item. |
| Use the box below to set out the reasons for your decision. Please note: The reason for not supporting cases must be recorded by the institution and must be based on the nomination and its suitability based on the scheme criteria. | | | | |
| *(Please continue typing to expand the box)* | | | | |
| **Please sign and date the form before submitting to the relevant Awarding Authority as per their instructions** | | | | |
| Job title |  | | | |
| Full name |  | | | |
| Signature *(an electronic signature is sufficient)* |  | Date |  | |