FORM SUBMISSION # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE RECEIVED BY AIOH OFFICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ACTIVE ENVIRONMENTAL SOLUTIONS POSTGRADUATE SCHOLARSHIP IN OCCUPATIONAL HYGIENE – APPLICATION FORM** |

* Applicants must be financial, full fee-paying members of the AIOH.
* Course of study is limited to an AIOH accredited postgraduate course (Masters or PhD) majoring in occupational hygiene, or at an Australian based academic postgraduate course where the subject matter studied is principally occupational hygiene and its delivery, investigation and or supervision is provided by and experienced professional occupational hygienist holding at least provisional or Full Member status with the AIOH.
* The support provided is not unlimited. See the ‘Active Environmental Solutions Postgraduate Scholarship in Occupational Hygiene Guidelines for Applicants’.
* Successful applicants are required to commence or continue the course in the academic year immediately following the application and agree to take and sign the “Active Environmental Solutions Postgraduate Scholarship in Occupational Hygiene Awardee Agreement”.
* Application can only be made on this application form which is to be completed and submitted electronically with supporting documentation. In doing so, the application becomes the property of the AIOH.
* A thesis will not be accepted as part of the attached reports and reports are to be a maximum 10 A4 pages per report. Large reports will not be read or assessed in their entirety by the committee, in such instances the committee members only examine the first 10 pages for marking and selection, so chose or edit each of your reports accordingly.
* Applications close early in September – for exact date for this year, contact the AIOH Office.
* Please send your Application Form to admin@aioh.org.au

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| 1. **PERSONAL INFORMATION**
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FULL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBURB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBURB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ MEMBERSHIP GRADE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEMBERSHIP DATE \_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **QUALFICATIONS & EXPERIENCE**
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* 1. **Qualifications *(attach copies of certificates only if received post AIOH membership application)***

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|  | **QUALIFICATION AND OCCUPATIONAL HYGIENE CONTENT** | **INSTITUTION** | **DATE OF CONFERMENT** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

* 1. **Training courses and AIOH Conferences attended**

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| --- | --- | --- | --- |
|  | **COURSE TITLE** | **INSTITUTION** | **COURSE DATE** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

**2.3 Involvement with the Institute and its Committees**

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**2.4 Professional experience**

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| --- | --- | --- | --- |
|  | **EMPLOYER** | **POSITION, OCCUPATIONAL HYGIENE RESPONSIBITY & EXPERIENCE** | **DATES OF EMPLOYMENT** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

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| 1. **DETAILS OF PROPOSED POSTGRADUATE COURSE**
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POSGRADUATE COURSE ………………………………………………………………………………………………………………………………………………

HAVE YOU RECEIVED A ‘FORMAL LETTER OF OFFER’ FOR ACCEPTANCE INTO THIS COURSE …………………………………………?

IF SO WHAT IS YOUR STATUS ……………………………………………………………………………………………………………………………………….

(Commencing next academic year, commenced first year, completed first year etc)

DELIVERY ……………………………………………………………………………………………………………………………………………………………………..
(Modular or Research Investigation)

INSTITUTION ……………………………………………………………………………………………………………………………………………………………….

FULL OR PART TIME COURSE ……………………………………………………………………………………………………………………………………….

COURSE DURATION …………………………………………………………………………………………………………………………………………………….

THESIS TOPIC (if applicable) ………………………………………………………………………………………………………………………………………...

SUPERVISOR NAME, OCCUPATIONAL HYGIENE EXPERIENCE AND QUALIFCATIONS

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| **Detail estimated cost of course (include government charges, books, travel)** |

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| --- | --- |
| ACADEMIC FEES | $ |
| REFERENCE SOURCES | $ |
| TRAVEL | $ |
| FIELD INVESTIGATIONS | $ |
| LIVING AWAY FROM HOME EXPENSES | $ |
| OTHER | $ |
| TOTAL ESITMATE | $ |

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| **4. YOUR PERCEIVED VALUE OF THE POSTGRADUATE COURSE AS A CONTRIBUTOR**  **TO YOUR PROFESSIONAL DEVELOPMENT IN OCCUPATIONAL HYGIENE:** **Maximum size this box ie 1 A4page – 10 or 11 font print**  |

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| **5. TITLES OF REPORTS SUBMITTED** |

* Scan and attach with this application –hard copies not accepted
* Maximum 10 A4 pages per report. Large reports will not be read or assessed in their entirety by the committee, in such instances the committee members only examine the first 10 pages for marking and selection, so choose or edit each of your reports accordingly.
* Reports must show authorship as the award nominee’. Thesis not accepted and will not be assessed by the committee

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| --- | --- |
|  | TITLE |
| 1 | REPORT TITLE and DATE  |
| 2 | REPORT TITLE and DATE  |

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| --- |
| **6. REFEREES** |

|  |  |  |
| --- | --- | --- |
|  | NAME | PHONE |
| 1 |  |  |
| 2 |  |  |

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| **7. ADDITIONAL ASSISITANCE AND SOURCES OF FUNDING** |

Please declare whether you have approached another resource with this proposal. If yes, in what capacity, which organisation and the extent of support requested and supplied? (e.g. employer provides time off to attend).

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| **8. DECLARATION** |

I certify that to the best of my knowledge that the above information is correct and understand that the supply of any incorrect or misleading information may result in the cancellation of this Award. I have approached my employer in regard to this Award and cleared any issues such as potential inducement or perceived inducement in terms of my conditions of employment.

I understand that in making an application at this time that if successful I intend to commence the course of postgraduate study in the upcoming academic year, and that a deviation from such a timeline can only be made if extenuating circumstances are present and accepted by the AIOH Council. I accept that the reimbursement of costs associated with the course will be at the discretion of the AIOH Council.

I have read and understood the special conditions in the ‘Active Environmental Solutions Postgraduate Scholarship in Occupational Hygiene Awardee Agreement’, and if successful, I undertake to sign and abide by the special conditions.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_