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

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

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| **APPLICATION FORM SAFE WORK AUSTRALIA SCHOLARS FOR WORKER PROTECTION - AIOH CONFERENCE AWARD** |

* Applicants must be financial, full fee-paying members of the AIOH or intending Student members and enrolled in an AIOH accredited course majoring in instructional occupational hygiene theory and practice.
* Please read the ‘Safe Work Australia – AIOH Conference Award - Guideline for Applicants’ prior to filling in this form.
* Applications can only be made on this application form which is to be completed and submitted electronically with the supporting documentation. In doing so, the application becomes the property of the Institute. Hard copiers not accepted.
* Applications close early September, for the exact date contact the AIOH Office.

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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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|  | **CURRENT AND PREVIOUS STUDIES AND THE OCCUPATIONAL HYGIENE CONTENT** | **INSTITUTION** | **STAGE OR DATE OF CONFERMENT** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

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

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| --- | --- | --- | --- |
|  | **COURSE or CONFERENCE TITLE** | **INSTITUTION** |  **YEAR / DATE** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

* 1. **Professional experience**

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

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

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| 1. **DESCRIBE WHY SHOULD YOU BE CONSIDERED AS A SUCCESSFUL AWARDEE FOR THIS AIOH AWARD? ALSO INCLUDE THE PERCEIVED BENEFIT TO YOUR CAREER BY ATTENDANCE AT THE CONFERENCE - Max size 1 x A4 page 10 font**
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| 1. **TITLES OF REPORTS SUBMITTED**
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* Scan and attach with this application.
* 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. You are encouraged to seek advice on this from the Committee members.
* Reports must show authorship as the award nominee’s
* Professional reports or surveys are best and students Assignments are accepted. A thesis will not be accepted. Reports and Attachments will remain the property of the AIOH will not be returned.

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

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| 1. **REFEREES**
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| --- | --- | --- |
|  | NAME AND POSITION | PHONE |
| 1 |  |  |
| 2 |  |  |

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| 1. **ADDITIONAL ASSISITANCE AND SOURCES OF FUNDING**
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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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| 1. **DECLARATION**
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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 have read and understand the special conditions associated with this Award and if successful, I undertake to sign and abide by the special conditions in the ‘Safe Work Australia – AIOH Awardee Agreement’.

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