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

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

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| **THE AIOH-DUPONT LEADERSHIP & MANAGEMENT SKILLS AWARD APPLICATION** |

* Applicants must be financial, full fee-paying members of the AIOH.
* Please read the brief introduction on the conditions and information requirements etc. in the ‘DuPont Leadership & Management Skills Award – Awardee Agreement’ prior to filling out this form.
* Applications can only be made on this Application form, which is to be completed and submitted electronically with supporting documentation. Hard copies are not accepted. In doing so, the applications become the property of the AIOH. A thesis will not be accepted as part of the supporting documentation.
* Applications close early in September – for exact date for this year, contact the AIOH Office.

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| 1. **PERSONAL INFORMATION** |

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** |

* 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** |  |  |  |

* 1. **Professional experience**

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

* 1. **Involvement with the Institute – Activities and Committees**

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| **3. DESCRIBE WHY SHOULD YOU BE CONSIDERED FOR THE AIOH-DuPont LEADERSHIP & MANAGEMENT SKILLS AWARD AND THE PERCIEVED BENEFIT IT WILL PROVIDE YOUR CAREER. Size limit this box ie 1 x A4 page, 10 or 11 font** |

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| **4. TITLES OF REPORTS SUBMITTED** |

* Scan and attach with this application form.
* 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. A thesis will not be accepted or assessed by the committee.
* Reports must show authorship as the award nominee’s
* Reports and Attachments remain the property of the AIOH and will not be returned.

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

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| **5. REFEREES (**Preferably professional occupational hygienist.) |

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

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| **6. ADDITIONAL ASSISITANCE AND SOURCES OF FUNDING** |

Please declare whether you have approached another resource funding to attend the CES Leadership session run prior to the Conference. If yes, describe in what capacity, which organisation, and the extent of support you have requested/ been supplied? (e.g. employer provides time off to attend).

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| **7. 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 have read and understand the special conditions in the AIOH-DuPont Leadership & Management Skills Award Awardee Agreement, and if successful, I undertake to sign and abide by them.

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