New Researcher Award Application Form

Applicant Details

TITLE	SURNAME
GIVEN NA	MES
POSTAL A	DDRESS
TELEPHON	E ()EMAIL
ASSTA ME	MBERSHIP NUMBER (if applicable)
Please s	elect and fill in appropriate information:
	m currently enrolled in postgraduate studies at an Australian New Zealand University.
DEGREE	PROGRAMME (e.g. PhD full-time)
DATE O	F COMMENCEMENT
NAME O	F ACADEMIC INSTITUTION
DATE O	F AWARD OF MY FIRST DEGREE
OR	
	m not enrolled in postgraduate study and I am within 2 years the awarding of my highest degree.
HIGHES	T DEGREE (e.g. PhD)
DATE O	F AWARDING OF MY HIGHEST DEGREE
Title of	Paper submitted to SST Conference:
Authors	on Paper (Applicant must be first author):

Supervisor Declaration

I declare that the applicant satisfies all the eligibility requirements, that the applicant was the main contributor to the work, and that the information given on this application and all attachments provided

are true and accurate records and statements and I authorise ASSTA to verify any facts.

I understand that if any information is found to be false this application and/or any subsequent awards may be cancelled.

Signature:
Date:
Name:
Email:
Organisation:
Role: (e.g PhD Supervisor)