New Researcher Award Application Form

Applicant Details

TITLE	SURNAME
GIVEN NAMES	
POSTAL ADDRESS_	
TELEPHONE ()EMAIL
Please select a	nd fill in appropriate information:
	ntly enrolled in postgraduate studies at an Australia: land University.
DEGREE PROGRA	MME (e.g. PhD full-time)
DATE OF COMME	NCEMENT
NAME OF ACADE	MIC INSTITUTION
DATE OF AWARD	OF MY FIRST DEGREE
OR	
	nrolled in postgraduate study and I am within 2 years rding of my highest degree.
HIGHEST DEGRE	E (e.g. PhD)
DATE OF AWARD	ING OF MY HIGHEST DEGREE
Title of Paper	submitted to SST Conference:
Authors on Pape	r (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)