



**APPLICATION FORM
THE DRAGER SAFETY PACIFIC AWARD
PROFESSIONAL DEVELOPMENT FOR YOUNG HYGIENISTS**

- *Applicants must be under 40 years of age on December 31*
- *Applicants must be Full or Provisional members of the AIOH*
- *Applicants must be financial members of the AIOH*
- *Applications close 1st week of September - for the exact date for this year, contact the AIOH Administrator*
- *A total of seven (7) copies of the application and attachments must be submitted which will become the property of the Institute. Thesis will not be accepted.*

1. PERSONAL INFORMATION

FULL NAME _____

ADDRESS _____

TELEPHONE (W)_____ (M)_____ FAX _____

EMAIL _____

EMPLOYER _____

ADDRESS _____

DATE OF BIRTH _____ GRADE OF MEMBERSHIP _____

2. TRAVEL DETAILS

Which two (2) Institutes/Organisations/Authorities do you wish to visit?

i. _____

ii. _____



APPLICANT'S NAME: _____

How will the BOHS Conference and these visits contribute to your professional development?

3. QUALIFICATIONS AND EXPERIENCE

3.1 Qualifications (attach certificates)

Title of Qualification	University or Other Awarding Institution	Date of Conferment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Training Courses

3.2 Experience

Employer (list from present to earliest)	Details of Occupational Health Responsibility and Experience
i. _____	_____
_____	_____
Period of Employment	From _____ To _____
ii. _____	_____
_____	_____



APPLICANT'S NAME: _____

Period of Employment From _____ To _____

ii. _____

Period of Employment From _____ To _____

3.3 Titles of Reports Submitted
(must show authorship as the award nominee, thesis will not be accepted)

i. _____

ii. _____

4. REFEREES

Names and telephone numbers of two (2) professional occupational hygienists to support your application.

i. _____ Ph: _____

ii. _____ Ph: _____

Please declare whether you have approached another resource with this proposal. If yes, which organisation?

I certify that to the best of my knowledge that the above information is correct and I would not be excluded by the immigration authorities on exit or entry into Australia, while travelling under the Award. I have read and understand the Generic Conditions for Overseas Travel Associated with AIOH Awards. I accept that the final travel itinerary and costs will be at the discretion of the AIOH Council and Drager Australia, and may not cover the full cost of travel and accommodation. The supply of any incorrect or misleading information may result in the cancellation of this Award.

Signature _____ Date _____

Send Applications to: Australian Institute of Occupational Hygienists Inc.
PO Box 1205
Tullamarine Vic 3043