



APPLICATION FORM
THE MSA POSTGRADUATE SCHOLARSHIP IN OCCUPATIONAL HYGIENE

- Applicants must be financial members of the AIOH.
- Course of study must be based in Australian.
- The support provided is not unlimited. See Guidelines to applicants for the MSA Postgraduate Award.
- 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. A Thesis will not be accepted as part of the attached reports.

1. PERSONAL INFORMATION

FULL NAME _____

ADDRESS _____

TELEPHONE (W) _____ (M) _____ FAX _____

EMPLOYER _____

ADDRESS _____

DATE OF BIRTH _____

GRADE OF MEMBERSHIP _____

2. DETAILS OF PROPOSED COURSE

Details of Course to be undertaken (including Institute and syllabus, if available).



APPLICANT'S NAME: _____

Full or Part-time Course? _____

Length of Course? _____

Detail cost of course (include government charges, books, travel, living away expenses)

Value of course 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



APPLICANT'S NAME: _____

3.2 Experience

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

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

i. _____

ii. _____

3. **REFEREES**

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

i. _____ Ph: _____

ii. _____ Ph: _____



APPLICANT'S NAME: _____

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 information provided in this application is correct. If successful, I undertake to abide by the terms and conditions set out in "Guidelines to Applicants for the MSA Postgraduate Award". I accept that the reimbursement of costs associated with the course will be at the discretion of the AIOH Council. . 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