

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

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

## SAFework NSW BREATHE FREELY MANDARIN AWARD - APPLICATION FORM

- Applicants must be residents of Greater Sydney, NSW Australia
- Please read the 'Guideline for Applicants' prior to filling in this form.
- Applications can only be made on this application form which is to be completed and submitted electronically with the supporting documentation. In doing so, the application becomes the property of the Institute. Hard copiers not accepted.
- Applications close March 31<sup>st</sup> 2023

### 1. PERSONAL INFORMATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AIOH MEMBERSHIP GRADE \_\_\_\_\_ MEMBERSHIP DATE \_\_\_\_\_

### 2. QUALIFICATIONS & EXPERIENCE

#### 2.1 Qualifications

	QUALIFICATIONS (IF NONE, LEAVE BLANK)	INSTITUTION	DATE OF CONFERMENT
<b>1</b>			
<b>2</b>			
<b>3</b>			

**2.2 Training courses or AIOH Conferences attended**

	COURSE or CONFERENCE TITLE (IF NONE, LEAVE BLANK)	INSTITUTION	YEAR / DATE
1			
2			
3			

**2.3 Professional experience**

	EMPLOYER	POSITION, RESPONSIBILITY & EXPERIENCE	DATES OF EMPLOYMENT
1			
2			
3			

**2.4 Languages spoken**

Please outline what languages you speak fluently.

**3. DESCRIBE WHY SHOULD YOU BE CONSIDERED AS A 'DESERVING' RECIPIENT FOR THIS AWARD? ALSO INCLUDE THE PERCEIVED BENEFIT TO WORKERS BY ATTENDANCE AT THE RESP-FIT COURSE - Max size 1 x A4 page 10 or 11 font**

#### 4. REFEREES

	NAME	PHONE
1		
2		

#### 5. ADDITIONAL ASSISTANCE AND SOURCES OF FUNDING

Please declare whether you have approached another resource with this proposal. If yes, in what capacity, which organisation and the extent of support requested and supplied? (e.g. employer provides time off to attend). Please also declare if you require the services of an interpreter for translation of RESP-FIT course materials to complete the course.

#### 6. 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 associated with this Award and if successful, I undertake to sign and abide by the special conditions in the 'SafeWork NSW Breathe Freely Mandarin Awardee Agreement'.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_