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

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

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| **EUROFINS INNOVATION AWARD****APPLICATION FORM** |

* Applicants must be financial, full fee paying Provisional, Full or Fellow members of the AIOH.
* Applicants are advised to take note of the requirements listed in the “Guidelines to Applicants for the Eurofins Innovation Award”, the “Eurofins Innovation Award – Awardee Agreement”, and “Generic Conditions for Overseas Travel Associated with AIOH Awards” which are available on the webpage or from the AIOH Office.

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| 1. **PERSONAL INFORMATION**
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FULL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

COH STATUS YES & # \_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ APPLIED & Waiting Interview \_\_\_\_\_\_\_\_\_\_

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| 1. **QUALFICATIONS & EXPERIENCE**
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* 1. **Qualifications *(attach copies of certificates only if received post AIOH membership application)***

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|  | **QUALIFICATION AND OCCUPATIONAL HYGIENE CONTENT** | **INSTITUTION** | **DATE OF CONFERMENT** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

* 1. **Training courses and Conferences attended**

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| --- | --- | --- | --- |
|  | **COURSE TITLE** | **INSTITUTION** | **COURSE DATE** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

* 1. **Professional experience**

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| --- | --- | --- | --- |
|  | **EMPLOYER** | **POSITION, OCCUPATIONAL HYGIENE RESPONSIBITY & EXPERIENCE** | **DATES OF EMPLOYMENT** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

**2.4 Involvement with the Institute and its Committees**

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| 1. **DETAILS OF INNOVATION PROJECT**
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Description of the Project including, location, industry, worker groups, health issue problems associated with the work, innovations and solutions developed or in development to protect the worker’s health.

TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **HOW WILL THE TRIP TO CONFERENCE / COMPANY / or SUBJECT MATTER EXPERT CONTRIBUTE TO YOUR INNOVATION Maximum size limit 1 A4 page-10 or 11 font**
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| 1. **SUBMISSIONS**
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* Scan and attach your reports with this application form – no hard copies accepted.
* Maximum 10 A4 pages per report. Large reports will not be read or assessed in their entirety by the committee, in such instances the committee members only examine the first 10 pages for making and selection, so chose or edit each of your reports accordingly.
* Reports mush show authorship as the award nominee’s

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| --- | --- |
|  | TITLE |
| 1 | REPORT TITLE and DATE (Attach with Application Form) |
| 2 | REPORT TITLE and DATE (Attach with Application Form)  |

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| 1. **REFEREES**
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|  |  |  |
| --- | --- | --- |
|  | NAME | PHONE |
| 1 |  |  |
| 2 |  |  |

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| 1. **ADDITIONAL ASSISITANCE AND SOURCES OF FUNDING**
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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).

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| 1. **DECLARATION**
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I certify that to the best of my knowledge that the above information is correct and I would not be excluded from immigration authorities on exit or entry into Australia while travelling under the award.

In submitting this application, I certify that I have read the “Guidelines for the Eurofins Innovation Award – Awardee Agreement” and “Generic Conditions for Overseas Travel Associated with AIOH Awards”. I have approached my employer in regard to the issue of potential inducement or perceived inducement against my conditions of employment. If successful I will agree to sign and abide with the requirements laid out in these documents.

I accept that the final travel itinerary and costs will be at the discretion of the AIOH Council and Eurofins Australia Pty. Ltd. The supply of incorrect or misleading information may result in the cancellation of this Award.

Send your Application Form and reports to admin@aioh.org.au

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_