



## Award Application Form 2018

### PERSONAL DETAILS

Name \_\_\_\_\_  
Family Name [block letters]      First name      Middle name

Telephone Numbers: Work \_\_\_\_\_ Home/Mob \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Contact Address [if different from Home address] \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Long Term Email Address \_\_\_\_\_

### PROPOSED STUDY

Please select one category from the list below and write the acronym in the box.

Please do not invent new categories.

- |            |   |            |   |
|------------|---|------------|---|
| <b>AN</b>  | <b>Animal Sciences (including Agriculture, Veterinary Sc., Zoology)</b> | <b>LCS</b> | <b>Literary &amp; Cultural Studies</b>  |
| <b>AP</b>  | <b>Architecture &amp; Planning, Geographical Sciences</b>               | <b>M</b>   | <b>Medical Research</b>   |
| <b>ASA</b> | <b>Anthropology, Archaeology, Sociology</b>                             | <b>MCS</b> | <b>Media &amp; Communications Studies</b>                                     |
| <b>E</b>   | <b>Economics/Commerce, Management, Political Science/Government</b>     | <b>PCE</b> | <b>Physical, Chemical, Geological Science, Engineering</b>                    |
| <b>ED</b>  | <b>Education</b>  | <b>PH</b>  | <b>Philosophy &amp; History</b>   |
| <b>H</b>   | <b>Health Sciences, Therapies, Nursing</b>                              | <b>PL</b>  | <b>Plant, Environment &amp; Food Sciences (including Agriculture, Botany)</b> |
| <b>L</b>   | <b>Law</b>  | <b>PS</b>  | <b>Psychology</b>   |
| <b>LAN</b> | <b>Language Studies/Linguistics</b>                                     | <b>VPA</b> | <b>Visual &amp; Performing Arts (including Music)</b>                         |

Place of study (list Department, Faculty, Institution):

**EMPLOYMENT INFORMATION**

Current position held \_\_\_\_\_

Employer \_\_\_\_\_

**EDUCATIONAL QUALIFICATIONS**

Academic or professional qualifications, most recent first:

Institution	Field	Award	Date awarded
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_____	_____	_____	_____
_____	_____	_____	_____

Details of any other professional awards, scholarships and fellowships:

\_\_\_\_\_

\_\_\_\_\_

Other Fellowship or Scholarship Application(s) made for 2017:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFEREES**

Please provide the names of the two referees whom you will contact:

Referee 1 Name \_\_\_\_\_ Position \_\_\_\_\_

Institution \_\_\_\_\_

Referee 2 Name \_\_\_\_\_ Position \_\_\_\_\_

Institution \_\_\_\_\_

**CERTIFICATION**

I certify that the information given in this application is complete and accurate to the best of my knowledge .

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed forms to:** The Awards Officer  
GWQ Gold Coast Branch  
PO Box 1150  
SOUTHPORT BUSINESS CENTRE  
Southport QLD 4215