# NZOHS PROFESSIONAL CONTRIBUTION AWARD APPLICATION FORM

Please read the guidance document prior to submitting this application.

# APPLICANT DETAILS

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| Personal details |
| Given name: | Family name: |
| Preferred name: |
| Date of Birth: |
| Address: |
|  |
| Telephone | Daytime: | Mobile: |
| Email: |
|  |
| Membership Details |
| Membership Type: | Membership Start Date: |

# CONTRIBUTION SUMMARY

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| Relevant Professional Contribution. Include information on professional contributions e.g. committee/prior council membership, working groups, subcommittees, research etc. |
| Organisation Name | Role | Start Date | End Date | Further information/ Activities/Accomplishments |
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| Training Courses and Occupational Hygiene Conference Attendance (most recent first) |
| Course Title/Conference | Organisation | Date Attended |
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# SUPPORTING DOCUMENTATION

In addition to the application form, you may submit the following;

* No more than an A4 page answering the following question;
* What does contributing to the occupational hygiene profession mean to you and what benefit will you receive from being able to attend the NZOHS conference and CESs?
* Minutes from meetings confirming attendance
* Attendance certificates

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| Please provide any other information that you identify as being pertinent to this application  |
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# DECLARATION (PLEASE TICK)

* I certify that to the best of my knowledge that the information provided in this application 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 regards to this Award and cleared any issue or potential inducement or perceived inducement in terms of my conditions of employment.
* I accept that the final travel itinerary and costs will be at the discretion of the NZOHS Council. I have read and understood all conditions applicable to this award, and if successful, I agree to abide by all conditions.

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| I agree and will abide by all conditions |
| Full Name:  |  Date of Application: |
| Signature: |  |