# YOUNG HYGENIST OF THE YEAR (2023)

# APPLICATION FORM

# APPLICANT DETAILS

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

# EXPERIENCE SECTION

|  |
| --- |
| **Relevant Professional Experience (most recent first)** |
| Company Name | Position Title | Years in Role | Work Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Relevant Qualifications (highest first)** |
| Qualification | Institution | Date Awarded |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Training Courses and NZOHS Conference Attendance (most recent first)** |
| Course Title/Conference | Institution | Date Attended |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# PROPOSED SITE VISITS

|  |
| --- |
| **Site Visit 1** |
| Name of Institute: |
| Person/area to be visited: |
| Reason for visit: |
|  |
| **Site Visit 2** |
| Name of Institute: |
| Person/area to be visited: |
| Reason for visit: |
|  |

# SUPPORTING DOCUMENTATION

In addition to the application form, please submit the following;

* An A4 page answering the following question;
	+ How will your international experience and the two site visits contribute to your professional development as a Young Hygienist?
* Submission of two reports
	+ Maximum of 10 A4 pages per report. Large reports will not be in their entirety. Should either report exceed this maximum, only the first 10 pages will be considered by the committee.
	+ Reports must show the award applicant as the author
	+ A thesis will not be accepted.

# REFEREES

|  |
| --- |
| Please provide details of two people who can speak on your behalf regarding your work history. |
| Name | Company  | Contact No. | Position held/working relationship (e.g. supervisor) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Please provide any other information that you identify as being pertinent to this application (e.g. medical conditions, disabilities) |
|  |
|  |
|  |
|  |
|  |

# 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 certify that to the best of my knowledge that the information provided in this application is correct and I would not be excluded from immigration authorities on exit or entry into New Zealand while travelling under this Award.
* I accept that the final travel itinerary and costs will be at the discretion of the NZOHS Council and Dräger New Zealand Ltd. The supply of incorrect or misleading information may result in the cancellation of this Award.
* In submitting this application, I certify that I have read the Dräger New Zealand - NZOHS Young Hygienists Award - Awardee Agreement and the Generic Conditions for Overseas Travel Associated with NZOHS Awards.
* I have read and understood all conditions applicable to this award, and if successful, I agree to abide by all conditions.

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