

Fellow of ASID
Award Nomination Form



Nominee Information					
Title:		First Name:		Last Name:	
Position:					
ASID Division:					
Contact Email:					
Contact Phone:					
Current Financial Member of ASID:	<input type="checkbox"/> Yes <input type="checkbox"/> No (ineligible for nomination)				
Current ASID Board Director	<input type="checkbox"/> Yes (ineligible for nomination) <input type="checkbox"/> No				
Nominee has consented to nomination	<input type="checkbox"/> Yes <input type="checkbox"/> No (ineligible for nomination – consent is required)				

First Nominator					
Title:		First Name:		Last Name:	
ASID Division					
Contact Email:					
Contact Phone:					
Current Financial Member of ASID:	<input type="checkbox"/> Yes <input type="checkbox"/> No (nominator must be a member of ASID)				

Second Nominator					
Title:		First Name:		Last Name:	
ASID Division					
Contact Email:					
Contact Phone:					
Current Financial Member of ASID:	<input type="checkbox"/> Yes <input type="checkbox"/> No (second must be a member of ASID)				

Nomination Category	
<i>Select one or more that apply</i>	
<input type="checkbox"/>	Research
<input type="checkbox"/>	Service provision (including service development, improvement or administration)
<input type="checkbox"/>	Advocacy and/or self-advocacy
<input type="checkbox"/>	Professional practice
<input type="checkbox"/>	Teaching and staff training

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Reason for Nomination (max 500 words)

Describe the exceptional and significant contribution that the nominee has made to the field of intellectual disability and the broad impact this has had.

Applications Close 30th September 2017

Please send completed nomination forms to: secretariat@asid.asn.au