

## ASM Frank Fenner Award Application

**Title:** \_\_\_\_\_

**Family Name:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Briefly explain why you are applying/nominating for the Frank Fenner Award

## ASM Frank Fenner Award Application Form

### Application Check List:

Before you submit your application please make sure you have provided the following:

- |  |                          |
|--|--------------------------|
| Application Form                               | <input type="checkbox"/> |
| Curriculum Vitae                               | <input type="checkbox"/> |
| Summary of diagnostic laboratory contributions | <input type="checkbox"/> |
| Brief Statement Addressing Selection Criteria  | <input type="checkbox"/> |
| Referee Contact Details                        | <input type="checkbox"/> |

I, \_\_\_\_\_ being a member of The Australian Society for Microbiology Incorporated, herewith apply/nominate for the Frank Fenner Award

I accept that the decision of the Society on this application is final but note that such decision need not prejudice any subsequent application.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Please forward application to:

ASM National Office  
Email: [admin@theasm.com.au](mailto:admin@theasm.com.au)

### Acknowledgement:

An acknowledgement will be emailed within 5 business days of receiving your application - if this has not been received, please contact the national office manager at the ASM National Office - Tel: 1300 656 423.