**NOMINATION FORM**

**OHS Academic member**

|  |  |  |  |
| --- | --- | --- | --- |
| **Person being nominated** | | | |
| Title | ❑ Prof ❑ Assoc Prof ❑ Dr ❑ Ms ❑ Mr | | |
| Family name |  | | |
| Given names |  | | |
| Mailing address |  | | |
|  | | |
| Phone | BH | Mobile |  |
| Email |  | | |
| Work title |  | | |
| University affiliation |  | Is this affiliation: ❑ Full time ❑ Part time | |
| Professional affiliations | ❑ SIA ❑ HFESA ❑ AIOH ❑ ANZSOM ❑ AFOEM | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Qualifications   OHS |  | | |
| Other |  | | |
| OHS program with which the nominee is involved in design/delivery |  | | |
| Signature indicating person accepts nomination | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominator** | *Note: self nominations are accepted* | | |
| Title | ❑ Prof ❑ Assoc Prof ❑ Dr ❑ Ms ❑ Mr | | |
| Family name |  | | |
| Given names |  | | |
| Phone |  | Email |  |
| Work title |  | | |
| Signature of nominator | | | |

Email to [registrar@ohseducationaccrediation.org.au](mailto:registrar@ohseducationaccrediation.org.au) by **10th March, 2017**