**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 by **10th March, 2017**