**FELLOWS NOMINATION INFORMATION - PLEASE USE BLOCK LETTERS**

**THEME OF FELLOWSHIP (PLEASE CIRCLE):**

1. **ENTERPENEURAL SPIRIT: WOMEN LEADERSHIP IN BUSINESS AND ECONOMIC GROWTH;**
2. **PREVENTING AND RESPONSING TO VIOLENCE AGAINST WOMEN AND GIRLS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal Details | | | | |
| **Name:** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Title (Mr, Ms, Dr)** | **Family Name** | **First Given Name** | **Second Given Name** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |  | **Gender:** | **Female** | Click here to enter text. | **Male** | Click here to enter text. |
| **Date** | **Month** | **Year** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Details:** | **Home Address:** | **Number and Street Name:** | | Click here to enter text. |
| **Suburb or Town:** | | Click here to enter text. |
| **State or Country:** | | Click here to enter text. |
| **Postcode:** | | Click here to enter text. |
|  | | | |
| **Email:** | | Click here to enter text. | |
|  | | | |
| **Mobile:** | | Click here to enter text. | |
|  | | | |
| **Telephone:** | | Click here to enter text. | |
|  | | | |
| **Fax:** | | Click here to enter text. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Passport Details:** | **Number:** | Click here to enter text. | **Expiry Date:** | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nationality:** | Click here to enter text. |  | **Main language spoken at home:** | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disabilities:** | **Hearing**  Click here to enter text. | **Learning**  Click here to enter text. | **Medical**  Click here to enter text. | **Vision**  Click here to enter text. | **Mobility**  Click here to enter text. | **Other**  Click here to enter text. | **Would you like support services:** | Click here to enter text. |

|  |  |
| --- | --- |
| **Dietary Requirements:** | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| English language skills (tick what best suits you) | | | |
| **Competency** | **Basic** | **Intermediate** | **Advanced** |
| **Reading** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Writing** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Speaking** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**PLEASE TURN OVER TO COMPLETE FORM.**

|  |  |  |  |
| --- | --- | --- | --- |
| Employment Details | | | |
| **Your Current Position:** | Click here to enter text. | | |
| **Name of Organisation:** | Click here to enter text. | | |
| **Contact Details:** | **Business Address:** | **Number and Street Name:** | Click here to enter text. |
| **Suburb or Town:** | Click here to enter text. |
| **State or Country:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
|  | | |
| **Email:** | Click here to enter text. | |
|  | | |
| **Telephone:** | Click here to enter text. | |
|  | | |
| **Fax:** | Click here to enter text. | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Academic Details (list in chronological order) | | | | | | |
| **Name of Degree\Award** | | | **Name of Institution** | **Major Field of Study** | **Attempted by not completed. Enter year last enrolled** | **Completed or about to complete. Enter year last enrolled** |
| Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Referee Details | | | | | | |
| **Name:** | | Click here to enter text. | | | | |
| **Position:** | | Click here to enter text. | | | | |
| **Address:** | | Click here to enter text. | | | | |
| **Email:** | | Click here to enter text. | | | | |
| **Mobile:** | | Click here to enter text. | | | | |
| **Fax:** | | Click here to enter text. | | | | |
| Referee Details | | | | | | |
| **Name:** | | Click here to enter text. | | | | |
| **Position:** | | Click here to enter text. | | | | |
| **Address:** | | Click here to enter text. | | | | |
| **Email:** | | Click here to enter text. | | | | |
| **Mobile:** | | Click here to enter text. | | | | |
| **Fax:** | | Click here to enter text. | | | | |
| Please return this completed form to: | | | | | | |
| **Email:** | cara.ellickson@flinders.edu.au | | | | | |

**PLEASE TURN OVER TO COMPLETE FORM.**

**Employment History**(include voluntary positions; positions on boards & committees if relevant)

|  |  |  |
| --- | --- | --- |
| **Name of organisation** | **Dates of employment (Month/Year)** | **Position &Job description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Awards** (if any)

|  |  |
| --- | --- |
| **Name of Award** | **Name or organisation giving the award** |
|  |  |
|  |  |
|  |  |
|  |  |

**Declaration:** I declare that the above information is true and I meet the eligibility criteria for the Program.

Signature of Applicant: Date: