

**Fellow of ASID 2019**  
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)				

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)				

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

Reason for Nomination (max 500 words)
<i>Describe the exceptional and significant contribution that the nominee has made to the field of intellectual disability and the broad impact this has had.</i>

Applications Close 13<sup>th</sup> September 2019

*Please send completed nomination forms to: [secretariat@asid.asn.au](mailto:secretariat@asid.asn.au)*