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**ENVIRONMENTAL HEALTH AUSTRALIA (Limited)**

**Margaret Hind Memorial Award 2019**

**NOMINATION FORM**

The Undersigned hereby submit the below nomination for consideration for the

2019 Margaret Hind Memorial Award.

#### Details of Nominee

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Postal Address |  |
| Telephone |  |
| E-Mail |  |
| Grade of EHA Membership | Associate Member [ ]  Member [ ]  Fellow [ ]  |
| Past Employers | 1.  |
| 2.  |
| 3.  |

###### Details of Referees

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Postal Address |  |
| Telephone |  |
| E-Mail |  |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Postal Address |  |
| Telephone |  |
| E-Mail |  |

Details of Nominating Person

Please Note: If as for **Details of Nominee** only ‘Name’, ‘Signature’, ‘Date’ and ‘Grade of EHA Membership’ fields require completion.

|  |  |
| --- | --- |
| Name |  |
| Signature |  | Date |  |
| Position |  |
| Organisation |  |
| Postal Address |  |
| Telephone |  |
| E-Mail |       |
| Grade of EHA Membership  | Associate Member [ ]  Member [ ]  Fellow [ ]   |

**Please send completed NOMINATION FORM and SUPPORTING STATEMENT to**

**The Executive Officer**

**EHA Ltd**

**PO Box 2222**

**FORTITUDE VALLEY QLD 4006**

**Email:** national@eh.org.au

**Nominations close to 2 September 2019.**

**The selection committee may not consider nominations received after this date.**