Complete entries must be uploaded as per the instructions on the ISANA website <http://www.isana.org.au/> . Applications that are still incomplete and/or received after **the due date** will NOT be considered.

All applicants will be notified in writing of the outcome of the panel decision.

No correspondence will be entered following the decision of the panel which is final.

Nominator Details:

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Mobile number: |  |
| Organisation/Institution: |  |
| ISANA Member: | Yes □ I confirm I am a current, financial, ISANA Member. |
| Signed: |  |
| Date: |  |

Student Details:

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Mobile number: |  |
| Student nationality: |  |
| ID Number: |  |
| Education provider: |  |
| Year of study commencement: |  |
| Expected year of completion: |  |
| Course of study: |  |

Please list membership to student clubs, committees, community clubs and any volunteering/ relevant experience:

|  |  |  |
| --- | --- | --- |
| Year | Name of Club/Committee | Role |
|  |  |  |
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In 300 words or less please state how you will benefit from attendance and participation at the ISANA National Conference:

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In 300 words or less, please state how you will disseminate information through the international student community including in your respective State or Territory:

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*I confirm that the information given in this form is true, complete and accurate.*

*I confirm I am over 18 years of age and currently hold a valid student visa and passport.*

*I understand that, if successful, I am obligated to:*

* *Attend the full ISANA Conference*
* *Participate in a student panel and/or present or assist in the running of concurrent sessions at the Conference*
* *To submit a reflection, in 300 words or less,* *of my conference attendance within eight weeks to the ISANA Secretariat,* *isana@isana.org.au* *.*

|  |  |
| --- | --- |
| Student Name: |  |
| Signed: |  |
| Date: |  |

Reference:

You must attach **one written reference** that supports your application. Please complete your referee’s contact details below.

|  |
| --- |
| **Referee**  |
| Name: |  |
| Email: |  |
| Contact Phone number: |  |
| Place of work: |  |
| Position: |  |
| ISANA Member:  | Yes □ No □ |