# Nominator Details:

(ISANA Member nominating the student)

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| **Name:** | |
|  | |
| **Contact details:** | |
| **Email** |  |
| **Mobile number** |  |
| **Organisation/Institution** |  |
| **ISANA Member** | Yes, I confirm I am a current, financial, ISANA Member. |
| **Signed:** |  |

# Student Details:

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| **Name:** | |
|  | |
| **Contact details:** | |
| **Email** |  |
| **Mobile number** |  |
| **Student nationality** |  |
| **ID Number** |  |
| **Name of student’s 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:

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| --- | --- | --- |
| **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 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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# Reference details:

You must attach **one written reference** that supports your application.

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

*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 National Conference and expected to participate in a student panel and/or present or assist in the running of concurrent sessions at the Conference .*

*I also agree to submit a reflection, in 300 words or less, of my Conference attendance by four weeks after the Conference.*

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| Signed: | |
|  | |
| Name: | Date: |
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