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# IS Community Champion Award Application

## Nominee Information

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| University/Workplace in the Australasian area serviced by the AAIS: | |  | |  | | | |
| Area of service:  Individual or Team Nomination: | |  | | | | | |
| Team Name (if team nomination and team leader details below with details of other team members to be added at the end of the application) | |  | | | | | |
| Full Name: |  | | |  | | --- | |  | |  | | |  |  |
|  | Last | | First | | Middle Initial |  |

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| Address: |  |
|  | Street Address |

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|  | City | State | Postcode |
| Postal Address: |  | |
|  | Street Address | |

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|  | City | State | Postcode |

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| Daytime Telephone Contact: | |  |  | |
|  | |
| Email: |  | | |

## Nominator Information (to be completed if not self nomination)

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| --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |
|  | Last | First | Middle Initial |  |

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| Address: |  |
|  | Street Address |

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| Postal Address: |  | |
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|  | City | State | Postcode |

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| Daytime Telephone Contact: |  |  |
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## Selection Criteria Response (max one page approx. 500 words)

The Selection criteria:

1. eligibility
2. sustained service to the community, and its impact, through either leadership roles in Australasian entities such as ACPHIS, PHIS-NZ, AAIS, AJIS, ACIS or other service roles that have an impact on our region’s Information Systems community.

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## Required Attachments

Checklist of required attachments.

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| A copy of the paper | YES |
|  |  |
| A signed (by the nominee or nominator) copy of this form, including signed media consent (nominee can be obtained if the recipient). | YES |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## Media Consent (to be completed by recipient(s) when awarded)

*I give my consent for publication of my name, paper information, university, photographs and videos for recognition of thanks and publicity purposes for the AAIS*. *By consenting, I agree there will no further financial or other remuneration beyond the award for this use.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature (s): |  | Date: |  |