



# FELLOWSHIP FUND

BRANCH OF AUSTRALIAN FEDERATION OF UNIVERSITY WOMEN QUEENSLAND

## INCORPORATED

### Fellowship Application Form 2010/2011

Indicate the Fellowship for which you are applying.

Freda Bage Fellowship – 3 years

Commemorative Fellowship – 1 year

Applicants may apply for both Fellowships.

It is important to read accompanying information and instructions.

## 1 PERSONAL DETAILS

Name \_\_\_\_\_  
 Family name (block letters)      First name      Middle name

Telephone Numbers Work \_\_\_\_\_ Home \_\_\_\_\_

Home Address \_\_\_\_\_  
 \_\_\_\_\_

Contact Address (if different from Home Address) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Long Term Email Address \_\_\_\_\_

## 2 PROPOSED STUDY

**CATEGORY:** Please select one category from the list below and write acronym in box. Please do not invent new categories.

Please select one category from the list below:

- AN Animal Sciences (including Agriculture, Veterinary Sc., Zoology)
- AP Architecture & Planning, Geographical Sciences
- ASA Anthropology, Archaeology, Sociology
- E Economics/Commerce, Management, Political Science/Government
- ED Education
- H Health Sciences, Therapies, Nursing
- L Law
- LAN Language Studies/Linguistics

- LCS Literary & Cultural Studies
- M Medical Research
- MCS Media & Communications Studies
- PCE Physical, Chemical, Geological Science, Engineering
- PH Philosophy & History
- PL Plant, Environmental & Food Sciences (including Agriculture, Botany)
- PS Psychology
- VPA Visual & Performing Arts (including Music)

**DEGREE:**

Please tick one box

Masters

PhD

Other

NAME OTHER

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Place of study (list Department, Faculty, Institution)

Expected length of study program – year(s) \_\_\_\_\_ Expected commencement date \_\_\_\_\_

Has your program already commenced and if so when? \_\_\_\_\_

**3 EMPLOYMENT INFORMATION**

Current position held \_\_\_\_\_

Employer \_\_\_\_\_

**4 EDUCATIONAL QUALIFICATIONS**

Academic or professional qualifications, most recent first:

Institution	Field	Award	Date awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names and dates of professional honours, awards, scholarships and fellowships (including previous AFUW Fellowships).  
\_\_\_\_\_  
\_\_\_\_\_

Other Fellowship or Scholarship Application(s) made for 2010/2011  
\_\_\_\_\_  
\_\_\_\_\_

**5 REFEREES**

Please provide the names of the two referees whom you will contact.

**Referee 1** Name \_\_\_\_\_ Position \_\_\_\_\_  
Institution \_\_\_\_\_

**Referee 2** Name \_\_\_\_\_ Position \_\_\_\_\_  
Institution \_\_\_\_\_

**6 CERTIFICATION**

I certify that the information given in this application is complete and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed forms to:** Fellowship Convenors  
Fellowship Fund Branch AFUWQ Inc  
C/- Academic Dress Hire Service  
PO Box 6083  
ST LUCIA, QLD 4067 Australia  
**BY MAY 31, 2010.**

Faxed or emailed applications will not be accepted.