



FELLOWSHIP FUND
BRANCH OF AUSTRALIAN FEDERATION OF UNIVERSITY WOMEN QUEENSLAND
INCORPORATED

Fellowship Application Form 2009/2010

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) | LCS Literary & Cultural Studies |
| AP Architecture & Planning, Geographical Sciences | M Medical Research |
| ASA Anthropology, Archaeology, Sociology | MCS Media & Communications Studies |
| E Economics/Commerce, Management, Political Science/Government | PCE Physical, Chemical, Geological Science, Engineering |
| ED Education | PH Philosophy & History |
| H Health Sciences, Therapies, Nursing | PL Plant, Environmental & Food Sciences (including Agriculture, Botany) |
| L Law | PS Psychology |
| LAN Language Studies/Linguistics | 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 2009/2010

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 JUNE 30, 2009.

Faxed or emailed applications will not be accepted.