**Pat Nakouz Award Application Form**



HLI acknowledges the importance professional development and research play in the progress and ongoing viability of our profession. To encourage members to participate in professional development activities HLI has established this award. HLI member recipient(s) can use this award for research or to attend professional meetings such as training or conferences, and to report accordingly back to HLI members and committee in an agreed manner.

Current HLI executive committee members are ineligible for this award.

**I am a member of HLI. My membership number is:**

**I have read the award eligibility criteria**

**I have attached details of my proposed activities relating to this award**

**I have attached details of how and when I propose to report back to HLI**

**Full name & occupation:** ..........................................................................................................................

**Street address:** ..........................................................................................................................

**Suburb:** ..........................................................................................................................

**State:** ..........................................................................................................................

**Postcode:** ..........................................................................................................................

**Phone (H):** .................................... **(W)** .................................... **(Mobile)** ....................................

**Fax:** ........................

**Email:** ..........................................................................................................................

**Organisation/Workplace:** ..........................................................................................................................

**Signature of applicant:** ..........................................................................................................................

**Date:** ..........................................................................................................................

**SEND APPLICATION TO:**

Health Libraries Inc. President

Michele Gaca – Chief Librarian

Austin Health Science Library

Level 4, Lance Townsend Building, 145 Studley Road, Heidelberg VIC 3084

Ph: (03) 9496 5393 **OR** email this form to [Michele.Gaca@austin.org.au](mailto:Michele.Gaca@austin.org.au)

**Full name and occupation:**

**Street address:**

**Suburb:**

**State:**

**Postcode:**

**Phone (H): .................................. (W) ................................... (Mobile) .......................................**

**Fax:**

**Email:**

**Organisation/Workplace:**

**Signature of applicant:**

**Date:**

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145 Studley Road

Heidelberg Victoria 3084

Australia

OR email to [Michele.Gaca@austin.org.au](mailto:Michele.Gaca@austin.org.au)