IASSID AWARDS
NOMINATION FORM

Before completing the nomination form, please check web site for information on IASSID Awards and Adjudication Guidelines.

Title:_____Name(s)_____Surname:_____

Mr. [   ] Mrs. [   ] Miss [   ] Ms. [   ] Dr. [   ] Professor [   ] Other_____

Date of birth:_____

IASSID Individual Membership Number: _____

If the nominee is not an Individual Member of IASSID but is a member of a Member Organisation, please give name of Organisation:

Name:_____Address:_____

Contact person:_____Tel:_____Email:_____

Address to which all correspondence should be sent:_____

Tel:_____Email:_____

* Proposers must be:

- ❑ **A member of a Member Organisation.**
- ❑ **A member of a research Centre.**
- ❑ **An Individual Member.**
- ❑ **A member of SIRG.**

Please state which_____If Individual Member give member ship no:

Award Category: Research   [   ]
Scientific Literature   [   ]
Service   [   ]
Distinguished Service Citation   [   ]

Please indicate which Award by tick.

* A proposer's membership must be valid at the time of nomination.

Please cite work, publications and general suitability of the nominee which you as the proposer feel demonstrates a significant contribution to the field of intellectual disability.

A CV for the nominee should be attached.

Additional information attached.   Yes [   ]   No [   ]

Membership of IASSID Interest Groups, Working Parties and contributions to IASSID.

```
┌─────────────────────────────────────────────────────────────────────┐
│                                                                       │
│                                                                       │
│                                                                       │
│                                                                       │
│                                                                       │
│                                                                       │
│                                                                       │
└─────────────────────────────────────────────────────────────────────┘
```

Membership of and contributions in other Professional Societies, Associations, Learned Bodies and their committees may be cited below or included in CV – if in an attached CV, state see CV.

```
┌─────────────────────────────────────────────────────────────────────┐
│                                                                       │
│                                                                       │
│                                                                       │
│                                                                       │
│                                                                       │
│                                                                       │
└─────────────────────────────────────────────────────────────────────┘
```

We affirm that the statements made in this nomination process meet the criteria of the IASSID Awards Procedure.

Signature of Proposer (1)_____date:_____

Address:_____Email:_____

Tel:_____Fax:_____IASSID Membership category:_____

Signature of Proposer (2)_____date:_____

Address:_____Email:_____

Tel:_____Fax:_____IASSID Membership category:_____

<u>Check list</u>:   Have all relevant sections been completed?
                      Have you included additional information?
                      Have you consulted the guidelines?
                      Have you included all chronological information?
                      Has proposer 2 completed the relevant section?