



DUANE LEADBETTER MEMORIAL  
FOOD SAFETY STUDY AWARD  
APPLICATION FORM



PRINT IN BLOCK LETTERS

1. PERSONAL DETAILS

Surname: .....  
Given Names: .....  
Address: .....  
..... State: ..... Post Code: .....  
Telephone: ..... Mobile: .....  
Date of Birth: .....

2. EMPLOYER DETAILS

Employer (business) name: .....  
Employer (contact) name: .....  
Address: .....  
..... State: ..... Post Code: .....  
Telephone: ..... Email: .....

Should the applicant be successful I agree to allow the recipient time to complete course.

Name of Employer: .....  
Signature of Employer: ..... Date: .....

3. DECLARATION

I declare that the information supplied by me on this form and in the attached statement is true and accurate in every particular. I understand that all information I have included in this information will be treated as strictly confidential.

Name of Applicant: .....  
Signature of Applicant: ..... Date: .....

4. INFORMATION

**Please attach a short statement as to why you should be awarded the study grant.**

*(Statements should be 300 words or less)*

Completed application forms should be returned with your submission to:

**The Selection Committee**

**ausmeat@ausmeat.com.au** (AUS-MEAT) for Meat nominees

**ausqual@ausqual.com.au** (AUS-QUAL) for Horticulture nominees

(Nominations will close 31 July).