



Wounds Australia Life Membership Award 2024 Candidate Consent Form

In order to be considered, this consent form must be completed and submitted with the following documentation:

1. A statement addressing the selection criteria of no more than 2 x A4 pages with a cover letter elaborating how the criteria are met;
2. A copy of the full Curriculum Vitae.

I, _____, (Candidate's name) hereby advise that:

1. I am applying for the following categories of the Life Membership Award:
(Please 'tick' relevant categories. You will need to 'tick' a minimum of two categories to be considered for the fellowship program.)

Outstanding contribution to Wounds Australia Board, Portfolio, Working Group, Committee or Sub-committee activities
Educational leadership
Research leadership
Clinical leadership

2. The information in the attached documentation is true and correct.
3. I give my permission to Wounds Australia to share the information in the documentation that you have provided with the members of the review panel.
4. I give my permission to Wounds Australia to release my name and other information contained in this application for Wounds Australia publications, marketing materials, and newsletters if I am successful in winning Life Membership.

Wounds Australia Membership ID: _____

Date: _____

Signature: _____