



GOTTSTEIN
TRUST

40th Anniversary

Gottstein Fellowship Application Form

Personal Information:

Surname		Given Names		Gender	M or F
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Address		Phone	
		Mobile	
Postal Address		Email address	
(if same write As above)			

Date of Birth (dd/mm/yy)		Nationality	
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Educational and Professional and Technical Training:

(give details of secondary or tertiary education and other forms of training)

Training	Year

List any grants, fellowships, cadetships and prizes held

Employment History:

(If possible, name at least two previous employers over the last ten years)

Name of employer	Dates employed	Duties and positions held

May we communicate with your present employer about this application? Yes No



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Purpose for which Fellowship Sought (summary):

Title of project	
Expected budget requested from Gottstein Trust	
Total cost of project	
Travel destination(s)	
Proposed timing of travel	

Please attach additional pages with as much detail as possible under the following headings:

Project Title

Background

Industry Need/Value to Industry (include dollar values where appropriate)

Project activities

How this project fits in with your current work activities

Proposed Itinerary

Estimated Cost (give as much detail as possible)

Communication of project results to broader industry

Referees:

(Please name and give business address of two referees, who should include at least one associated with forest industries in Australia)

(Insert name, position held, and contact details of first referee here)	Office use only
(Insert name, position held, and contact details of second referee here)	Office use only

Signature:

Date:

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Please forward to:

**The Secretary
J.W. Gottstein Memorial Trust
Private Bag 10
Clayton South VIC 3169
Telephone 03 9545 2209 Fax 03 9545 2139
Mobile 0418 764 954**

by:

9 September 2011