



GOTTSTEIN TRUST

Gottstein Skill Advancement Award Application Form

Personal Information:

Name: (Family Name) (Given Names) Gender: F M

Address: (Permanent) (For correspondence) Telephone: Email:

Date of Birth: Marital Status: Place of Birth: No. of Dependants: Nationality:

Educational and Professional and Technical Training:

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

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Employment History:

Table with 3 columns: Name of Employer, Dates Employed, Duties and Position Held

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



GOTTSTEIN
TRUST

Purpose for which Award Sought:

(Attach additional page(s) if necessary)

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Proposed Itinerary:

(Attach additional page(s) with as much detail as possible)

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Estimated Cost of Proposal:

Proposed Place of Tenure:

Availability: (When would you be available to undertake project for which you seek assistance)

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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 business address of first referee here)	Office use only
(Insert name, position held, and business address 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**

by:

17 September 2010