

Aspire Awards Application Form

Medical Sciences Awards



Instructions

Please complete the details below correctly. This information will be used to generate your Certificate and Cheque.

Student/Candidate Information

NOTE: These details will only be used in relation to the awards/competition process and awards presentation night.

Student Legal Name (This name is used to write your cheque)		Street Address Including City, State, and ZIP Code	
Student Preferred Name (Will be used in the program/presentation)			
Student Mobile/Phone		Student Email Address	
Student Date of Birth		Student Signature	
<i>Optional</i>			
Parent Name		Parent's Email Address	
Parent's Mobile/Phone			

Do you identify as an Aboriginal or Torres Strait Islander Student? NO YES

School Information –Teacher submitting application to Complete.

School Name		Office Phone Number	
Teacher's Name submitting the application		Teacher's Mobile Number	
Teacher's Email Address		Date	
Name of Subject		Level of Achievement	

Head of Year/Department to Complete

HOD Name		HOD Email	
HOD Signature		Date	

Principal

Principal's Signature		Date	
Application Fee payable by each school	\$88.00	Predicted ATAR Score greater than 89.75 verified	

Following the receipt of the registration form, the BLA will forward a Tax Invoice for \$88 to the school.
The Registration Fee is non-refundable.
No limit to the number of entrants from each school.



BANK DETAILS AND REFERENCE REQUIRED

ABN 60 902 261 190 ACC Name: BUSINESS LIAISON ASSOCIATION
BSB: 633000 ACC Number: 120 970 611
REFERENCE: Medical Sciences Awards, School Name and Invoice Number

APPLICATION SUBMISSIONS CLOSE – 9th September 2024
LATE APPLICATIONS WILL NOT BE CONSIDERED

All applications are to be emailed to both email addresses below

1. the award coordinator – markushonnef@gmail.com and
2. awards@bla.org.au

PREDICTED LEVEL OF ACHIEVEMENT IN SENIOR SUBJECTS

	SUBJECT	RESULT
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>



PRESENTATION NIGHT

All students are required to be at the Presentation Night to receive their prizes.
The presentation evening will be held on

DATE: Thursday 28th November 2024

VENUE: Pullman Cairns International Hotel

ARRIVAL: Winning students are required to arrive at the venue at 4:45pm
to be registered and seated with the other award winners.

CAR PARKING: Available at Cruise Liner Terminal (next to Hemmingway's) in Council Car Park.

DRESS CODE: ALL STUDENTS ARE REQUIRED TO BE IN FULL FORMAL SCHOOL UNIFORM

I have read and understood the guidelines, criteria and information accompanying this application. I declare that the work I have entered is an original by myself and has been completed in the last 12 months.

If proven to be a winner of this Award, I hereby approve the reproduction of the work on media such as television, associated websites and Social Media Forums i.e. FaceBook. I also understand that my work may attract media attention for the Business Liaison Association,, for which I will avail myself for such media attention where possible.

Student Name: _____ **Student Signature:** _____

