

DISTINGUISHED PRESENTER FOR THE STATISTICAL SOCIETY AWARD (DPSSA) NOMINATION FORM

Nominee Details

Full Name with Title:

Contact Address:

Telephone:

Email:

Preferred Contact: By email

By telephone:

Membership & Previous Award Details

(A criteria for the award is (active) membership of the SSA. Also, a nominee is not eligible if he/she has received the DPSSA immediately previous year prior to this nomination)

Are you a member of SSA? Yes/No

Have you received the DPSSA award last year? Yes/No

Have you received the DPSSA award in any other year other than the last year? Yes/No

If Yes, please list the years of receiving the DPSSA award:

Recent Workshop/Course Details

How many workshops/courses you have presented for SSA within the last two years?
(For eligibility, a nominee needs to have presented at least two workshops for SSA in the last 2 years)

Please provide details of the workshop/course(s)

Workshop/Course 1:

Title of the workshop/course:

Date & Location:

Short abstract of the workshop/course:

Any feedback you received following the workshop/course:

Workshop/Course 2:

Title of the workshop/course:

Date & Location:

Short abstract of the workshop/course:

Any feedback you received following the workshop/course:

Workshop/Course 3:

Title of the workshop/course:

Date & Location:

Short abstract of the workshop/course:

Any feedback you received following the workshop/course:

Workshop/Course 4:

Title of the workshop/course:

Date & Location:

Short abstract of the workshop/course:

Any feedback you received following the workshop/course:

(Please attach additional sheet for any other workshops/courses you presented for SSA similarly)

Planned Workshop/Course Details

(If awarded, the nominee agrees to present at least two workshops or courses within two years from the date of the award under the SSA banner and which should be of diverse nature)

How many workshops/courses do you have plan to present for SSA within the upcoming two years?

Please provide any plan of the workshop/course(s)

Workshop/Course 1:

(Tentative/confirmed) Title of the workshop/course:

(Tentative/confirmed) Time & Location:

Short abstract of the workshop/course:

Workshop/Course 2:

(Tentative/confirmed) Title of the workshop/course:

(Tentative/confirmed) Time & Location:

Short abstract of the workshop/course:

Workshop/Course 3:

(Tentative/confirmed) Title of the workshop/course:

(Tentative/confirmed) Time & Location:

Short abstract of the workshop/course:

Workshop/Course 4:

(Tentative/confirmed) Title of the workshop/course:

(Tentative/confirmed) Time & Location:

Short abstract of the workshop/course:

(Please attach additional sheet for any other workshops/courses you plan to present for SSA similarly)

Signature

I have read and agree to the conditions outlined for the DPSSA, as advised at:

<https://statsoc.org.au/DPSSA-Award/>

I also understand that the relevant committee will judge varied aspects and criteria suggested in the above site before making any recommendation and decision for the award and a nomination does not automatically imply an award. I also understand that the criteria outlined in the site may be reviewed and revised by the relevant committee depending on context and situation.

Please sign or type name:

Date:

Please email your application to CPD.statsoc@gmail.com