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| **Abstract Submission form for** **Brian Cherry Award** |  |
| **First Name:** |  |
| **Surname:** |  |
| **University:** |  |
| **Department:** |  |
| **Year of work:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Title of presentation:** |  |
| **Supervisor’s permission:**  | I, |  |
|  | am the supervisor of the above student and give permission for them to submit the above-named abstract for consideration by the ACA Victorian branch committee and, if selected, for the student to give the presentation at the Brian Cherry Forum. |
|  | Signature: |  |
|  | Date: |  |
| **Student’s declaration:** | I accept the guidelines set out for the Brian Cherry Award and enclose my abstract for assessment and if selected, will give my presentation at the Brian Cherry Awards Forum. |
|  | Signature: |  |
|  | Date: |  |