



The Australasian Wildlife Management Society Postgraduate Student Research Award

DECLARATION FORM

Applicant's name: _____

Declarations:

I declare that all information provided in this form is correct, and understand that if I am successful I will be required to prepare a report for the AWMS Committee and provide two articles for the AWMS newsletter.

Signed (student)

Date

Head of Faculty/School's verification that the student whose signature appears above will be covered by the tertiary institution's insurance policy for the duration of the research project.

Name (Head of Faculty/School)

Signed (Head of Faculty/School)

Date