



**CATSINaM**

CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

## CATSINaM Student of the Year Award – Application Form

### NAME OF CATSINAM MEMBER

Name:

Member Number (if Known):

### CONTACT DETAILS FOR THE NOMINEE

University:

Course of Study:

Email:

Mobile:

### BRIEFLY DESCRIBE WHY YOU ARE NOMINATING THIS STUDENT

### CONTACT DETAILS FOR THE PERSON SUBMITTING THE NOMINATION

Name:

Member Number:

Email:

Mobile:

Please attach anything you think will support the nomination.