



THE GLAXOSMITHKLINE AUSTRALIA
AWARD FOR RESEARCH EXCELLENCE

NOMINATION FORM

NAME OF NOMINEE:
(Block letters) (Title) (Given Names) (Surname)

DATE AND PLACE OF BIRTH:

FIELD IN WHICH WORK DONE:
.....
.....

BRIEF TITLE OF WORK (covering distinguished discovery and demonstrated use):.....
.....
.....

PLACE WHERE WORK DONE (please detail, including dates):
.....
.....

NOMINEE:
Professional Address Private Address
.....
.....
Telephone No.: Telephone No.:

Signature:
Date:

PROPOSED BY:
Name:
Address
.....
Telephone No.: Signature
Date

REFEREES: (please give the name, address and telephone number of two referees - additional referees may be cited)
Name 1 Name 2
Address Address
.....
Telephone No. Telephone No.

Please see over

DETAILS OF WORK: (A statement in not more than 500 words of the nominee's achievement. If space is insufficient please attach References, Patent No. or other supporting details which will be of assistance).