WVPA - Zoetis Young Poultry Veterinarian Award



FOR OFFICIAL USE ONLY	
Ref:	Received:
Action:	

Please refer to notes at end of this form before completing it.

Please complete in **capital letters**, send it **signed** to: awards@wvpa.net

NOMINEE DETAILS			
Year of nomination:			
Title:	Family Name:		
Forename(s):			
Nationality:		Date of Birth:	
Address 1:			
Address 2:			
Town/Postal Code:			
Country:			
Phone/ Fax:			
Email:			
Alternative Email:			

ACADEMIC Q	UALIFICATIONS (Degrees, Diplomas, etc)
BRIEF STATEM	MENT OF CAREER (Use only this space - no added sheets)
I IRRENT EM	PLOYMENT & RESPONSIBILITIES (Use only this space - no added sheets)
	TESTIMENT WITES (530 ONLY till 5 page 110 added 511000)

and his ability to commu	unicate to others)	or contributions to tl	ie poultry veterii

DETAILS OF PERSON MAKING THE NOMINATION (self-nomination is allowed) (For correspondence – please <u>sign and date</u> this form)				
Title:	Family Name:			
Forename(s):				
Relationship to nomi				
Address 1:				
Address 2:				
Town/Postal Code:				
Country:				
Phone/ Fax:				
Email:				
Signature:	Date:			

NOTES:

Details of this award can be found at: www.wvpa.net

Potential candidates may nominate themselves.

The maximum age of candidates for the Young Poultry Veterinarian is 35 years on January 1st on the year of the award.

Candidates who have been nominated unsuccessfully, may be re-nominated on a subsequent occasion, provided they still meet the necessary requirements.

All applications must be received at the end of June of the year of the award

Send to the WVPA at: awards@wvpa.net

