



## Loris Williams Grant Application Form

NAME: .....

ADDRESS: .....

.....

..... Postcode .....

PHONE:

(W)..... (H) .....

(Mb) .....

EMPLOYER: .....

ATSILIRN member?  Yes  No Member no.? .....

Outline briefly how attendance at the ATSILIRN conference *Rising to the Challenges* will enhance your career development in information field and why you should receive the grant?

In applying for the Loris Williams Grant 2009 I understand and agree to the conditions of the award.

Signed: ..... Date:.....

Please complete form and send to Melissa Jackson, by 30 January 2009 email: [mjackson@sl.nsw.gov.au](mailto:mjackson@sl.nsw.gov.au)