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**NOMINATION FORM**

2024 IUPsyS *Awards*

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| **Name of Nominee:** |  |
| **Name of nominating National Member organisation:** |  |

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| **Document Checklist**Please ensure you include the following when submitting your nomination: |
|  | 1 x completed nomination form from a National Member |
|  | 1 x curriculum vitae and current contact details of the nominee(s), including a full list of publications, grants, and awards (maximum length 12 pages) |
|  | evidence of the PhD and the date of its conferral (Young Investigator Awards only) |
|  | overview of the dissertation and a summary of its findings (1 page only for Young Investigator Awards) |
|  | 1 x supporting statement from the National Member making the nomination that addresses the following questions:* + What circumstances make this scientist/team eligible for this award?
	+ What are the general themes of the nominee’s research program?
	+ What important research findings are attributed to the nominee?
	+ What has been the significant and enduring influence of the research?
 |
|  | a maximum of three supporting letters of recommendation outlining the merits of the nominee from scientists familiar with the nominee’s research and theoretical writings  |

*Note: excess information will be disregarded where page length exceeds that specified.*

**Submitting the Nomination Form**

All information may be accessed [online](https://www.iupsys.net/about/awards/). Nominations should be submitted electronically to the IUPsyS Secretariat (awards.secretariat@iupsys.org). The completed form and associated documentation must be sent as an email with attachments. Please make the message subject header: *2024 IUPsyS Awards – Name of Award.* Nominations should be received by **March 15, 2024**. Incomplete, nominations that do not follow the guidelines, and late nominations will not be considered. All nominations and accompanying documentation must be received directly from the National Member making the nomination.

**Details of the Nominee**

|  |  |
| --- | --- |
| Surname, Given Name, Title: |  |
| Nationality: |  |
| Date of Birth: |  |
| Current Position: |  |
| Current Affiliation (University/Institution): |  |
| Contact Address: |  |
| Contact Phone Number: |  |
| Email Address: |  |
| Web Page (if appropriate): |  |
| Field:  |  |
| Main Area of Research: |  |

**Nominating National Member**

|  |  |
| --- | --- |
| Surname, Given Name, Title: |  |
| Current position within the organisation: |  |
| Current Affiliation (University/Institution): |  |
| Contact Address: |  |
| Contact Phone Number: |  |
| Email Address: |  |

The person signing this form should be the official representative on the National Member and by signing this confirms that (s)he has the authority and permission from that National Member to do so.

Signature:
*Electronic signature acceptable*

*Place and date of signature*: