



PROFESSIONAL DEVELOPMENT AWARD APPLICATION

Applicant Details

Title: Given Name (s): Surname:

Organisation: Email Address:

Proposed Professional Development Activity

Brief Description of Activity:

Approximate Date(s) of Activity (if known):

Estimated Cost: Supported by Organisation: Y N N/A

Please provide further information about your proposed activity and any other considerations that would support your application:

Conditions of Application

I confirm that I am a current Regular, Life or Corresponding member of the ASFDE Inc, that I have been a member of the ASFDE Inc for at least 24 months and am currently either a practicing or trainee Forensic Document Examiner.

I confirm that, if successful, I will provide a short, written, summary of the outcomes and benefits of the activity and a presentation at the next available ASFDE Inc scientific meeting.

Signature of Applicant

Date