### **TEAM NOMINATION FORM**

### Team details:

Please provide official name of applicant. This will be used for event or media purposes: e.g. Dr, Prof, Emeritus, Adjunct, or Team name

Team Name:						
Does your research, discovery or innovation unlock Indigenous/Maori knowledge Vision Matāuranga)?						
Description of	team's achievements (maximum of 1 page):					
This page should b	e dedicated to a description of scientist's or team's achievements relevant to this award					

# Team Member One details: Title: Name: Home Address: Phone: Email: Education/qualifications of candidate: Include Educational Institution, Degree, Location and Year. Full professional history of nominee: Include Organisation, Positions, Time Period

Team Member Two details:		
Name:	Title:	
Home Address:		
Phone:	Email:	
Education/qualifications of called	әг.	
<b>Full professional history of n</b> Include Organisation, Positions, Time		

# Team Member Three details: Title: Name: Home Address: Phone: Email: Education/qualifications of candidate: Include Educational Institution, Degree, Location and Year. Full professional history of nominee: Include Organisation, Positions, Time Period

Name:	Title:	
Home Address:		
Phone:	Email:	
Education/qualifications o	and Year.	
Full professional history on national nations, Times		

Name:	Title:	
Home Address:		
Phone:	Email:	
Education/qualifications of	nd Year.	
Full professional history of national history of nations of the nation o		

Team Member Six details:		
Name:	Title:	
Home Address:		
Phone:	Email:	
Education/qualifications of can	er.	
Full professional history of nor		

Team Member Seven details:			
Name:		Title:	
Home Address:			
Phone:		Email:	
<b>Education/qualifications of cand</b> Include Educational Institution, Degree, Lo		er.	
Full professional history of nomi	inee:		
Include Organisation, Positions, Time Peri			

# Team Member Eight details: Title: Name: Home Address: Phone: Email: Education/qualifications of candidate: Include Educational Institution, Degree, Location and Year. Full professional history of nominee: Include Organisation, Positions, Time Period

#### List of teams's most significant publications or material:

Publication/Material:
Publication/Material:

Please attach a copy of the most important publication or material on the list with your application.

### VISION MATĀURANGA DESCRIPTION PAGE

If applicable, describe h	ow your research, di	scovery or innovat	tion has observed	d, or unlocked Vis	ion Matāuranga

## Contact details for two referees who would be prepared to offer letters of support:

Name:		Title:	
Employer:		Department:	
Employment Address:			
Home Address:			
Phone:		Email:	
Name:		Title:	
Employer:		Department:	
Employment Address:			
Home Address:			
Phone:		Email:	
Submit your full application online by midn Self or Nominating Party: I hereby attest that, of the eligibility criteria for this award, listed above	to the	best of my knowledge,	the nominee or team meets all
Full Name:	Da	ote:	Accept Conditions:

## **ADDITIONAL PAGES**

Description of team's	s achievements:			
Two pages can be used to peer review and the candid	list other research and date's or team's track re	contributions relevant cord in communicatin	to the award, including their research to a	ding evidence of a wider audience.

## **ADDITIONAL PAGES**

