

TEAM NOMINATION FORM

Team details:

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

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



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Full professional history of nominee: nclude Organisation, Positions, Time Period	•
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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.



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 m	nidnia	oht Thursday 31 Au	noust 2023
Self or Nominating Party: I hereby attest that, of the eligibility criteria for this award, listed above	to the	e best of my knowledge,	the nominee or team meets all
Full Name:	D	ate:	Accept Conditions:

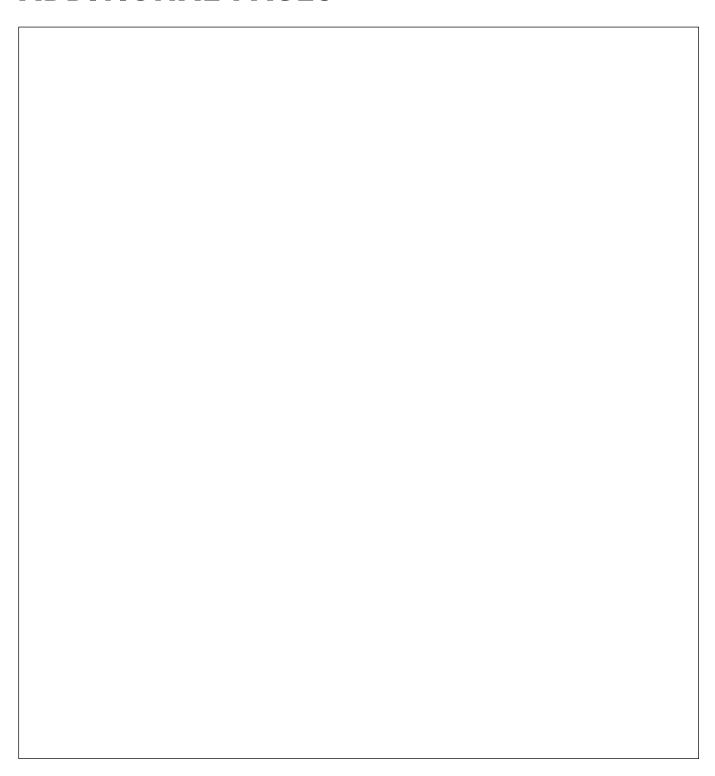


ADDITIONAL PAGES

Two p	pages can be used review and the can	to list other resea ndidate's or team's	rch and contribu track record in	utions relevant communicatir	to the award ig their resear	, including e ch to a wide	vidence of r audience.



ADDITIONAL PAGES





VISION MATAURANGA DESCRIPTION PAGE

Describe how your research, discovery or innovation has observed, or unlocked Vision Matauranga.	