

# 2024 Ramaciotti Medal for Excellence Nomination

## Form Preview

### Eligibility

\* indicates a required field

[Ramaciotti Award Guidelines 2024](#)

**I confirm that I have read and understood the guidelines above prior to completing this form \***

**I consent to the information provided being shared with the Ramaciotti Foundations' Scientific Advisory Committee \***

### Nominated Recipient Details

\* indicates a required field

#### 1. Nominated Recipient details

**[Statement of Declaration](#)** (to be completed by the Nominated Recipient and attached after Question 6).

**Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Current Appointment \***

**Department \***

**Organisation Name \***

Organisation Name

**ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type

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Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Postal Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Phone Number \*

Must be an Australian phone number.

### Email Address \*

Must be an email address.

## Nominator Details

\* indicates a required field

### 2. Lead Nominator Details

NB: all correspondence in relation to this grant will be sent to the lead nominator

#### Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Current Appointment \*

#### Department \*

#### Organisation Name \*

#### Location \*

Address

  

State/Province and Country are required.

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**Phone Number \***

Must be an Australian phone number.

**Email Address \***

Must be an email address.

### 3. Nominator Details 2

**Name**

Title

First Name

Last Name

**Current Appointment**

**Department**

**Organisation Name**

**Phone Number**

Must be an Australian phone number

**Email Address**

### 4. Nominator Details 3

**Name**

Title

First Name

Last Name

**Current Appointment**

**Department**

**Organisation Name**

**Phone Number**

Must be an Australian phone number

**Email Address**

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### Ramaciotti Support

\* indicates a required field

**5. Has the Nominated Recipient received previous Ramaciotti support, if so please include the year of funding and the project information**

Word count:

Must be no more than 50 words. This question is not mandatory

**6. Provide a citation outlining the background to and consequences of the nominated recipient's discovery (or discoveries) and their recent scientific achievements \***

Word count:

Must be no more than 2500 words

**Attach Curriculum Vitae \***

Attach a file:

CV should be no more than two (2) pages. Note a list of publications can be included as part of CV but total pages should not exceed four (4)

**Attach List of Publications**

Attach a file:

List of publications should be no more than two (2) pages

**Attach Statement of Declaration \***

Attach a file:

The statement of declaration is available for download at the beginning of this form under Nominated Recipient Details

### Declaration

\* indicates a required field

**To be completed by the lead nominator or person submitting the nomination**

I certify that:

(a) I have read and understood the guidelines and conditions relating to the Ramaciotti Awards

(b) the information provided in this nomination is accurate, true and correct at the time of completion

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(c) I am authorised to submit the nomination on behalf of the nominated recipient

\*  I understand and agree with the statements above

Trustee companies such as Perpetual Trustee Company Limited ("Perpetual") are regulated by the Commonwealth Corporations Act and supervised by the Australian Securities and Investments Commission. As a result, Perpetual is required to disclose certain information to our clients (such as beneficiaries of charitable trusts) about our services in a Financial Services Guide (FSG).

\*  I/we agree to the delivery of certain disclosure documents such as a FSG electronically including via electronic mail or via Perpetual's website.

You may request a hardcopy of such disclosure documents at any time by contacting us directly or via our website at [www.perpetual.com.au](http://www.perpetual.com.au)

Perpetual is committed to protecting your privacy and safeguarding your personal information. To view Perpetual's Privacy Policy please visit [www.perpetual.com.au/Privacy-Policy](http://www.perpetual.com.au/Privacy-Policy)

\*  I/we give permission for Perpetual to provide all documents electronically including via email & understand that Perpetual will not accept any responsibility or liability for any unauthorised access or interference after transmission, or for any delay or non-delivery of any document

## Certification

### Your Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Current Appointment \*