

BEST PAPER AWARDS

Application Form

Please return completed application form along with an electronic copy of the Award Entry to ANZPAA NIFS (secretariat.nifs@anzpaa.org.au) by **midnight 31 August 2022**.

Contact Information of Lead Author Submitting Award Entry

***Mandatory fields**

*Title: Mr Mrs Ms Dr Prof Other:

*Full Name:

*Email:

*Phone:

*Agency:

*Preferred Award Category (select one)

N.B. Lead Author (first author on paper) may only submit one entry per category

- Best Paper: Forensic Fundamentals Best Paper: Capability Enhancement and Innovation
- Best New Publisher in a Refereed Journal Best Literature Review
- Best Technical Article, Note or Case Study

Award Entry Information

Discipline/s featured in Award Entry:

*Citation Reference: *(MLA style)*

*Co-Authors (Full Name and Email Address):

Additional comments to support Award Entry: *(optional)*

Sharing of Award Entry

Hyperlink to paper publication, where available: (please ensure an electronic copy of the Award Entry is supplied with the Application Form)

- I give ANZPAA NIFS permission to list winning entries on the ANZPAA NIFS website, including paper hyperlink.
- I give ANZPAA NIFS permission to share paper hyperlinks with agencies represented on the ANZPAA NIFS Australia New Zealand Forensic Execution Committee.

*Declaration (you must agree to all the below and sign and date for entries to be accepted)

- I confirm that this entry meets the 'Entry Conditions' outlined on the ANZPAA NIFS website.
- I understand that ANZPAA NIFS reserves the right to assign this entry to another category.
- I am the lead author (first author on paper) and have submitted only one entry per category.
- I have informed my co-authors that I have submitted this entry for judging.
- I acknowledge that where multiple papers with the same lead author are submitted within a category, ANZPAA NIFS will accept only the first entry received.
- I have attached a PDF copy of the Award Entry and give permission for it to be shared with the Best Paper Judging Committee.

Signature:

Date:

If you require any assistance in completing this form, please contact ANZPAA NIFS Secretariat
secretariat.nifs@anzpaa.org.au