

FASM Referee Confirmation Declaration

The referee must be a MASM or FASM Financial Member of the Society

I submit the name of a referee who has personal knowledge of my work and has agreed to act in this capacity.

Referee Details

Full Name _____

Organisation _____

Address _____

State _____ Postcode _____

Country _____ Telephone _____

Email _____

By acting as a referee, I am confirming that I have knowledge of the applicant's microbiological work experience and that they have satisfactorily completed two years of postgraduate full time employment, or its equivalent, as a professional practicing microbiologist.

Referee Signature _____

Applicants Signature _____

Date _____