RACP Education Development Grants application

Prior to completing the application form, applicants must:

- 1.Read the <u>Award Terms and Conditions</u>. You may contact the Senior Administration Officer for clarifications prior to submitting an application.
- 2.Assess your eligibility carefully. Take special note where awards are tenable and the qualifications/research experience required for each award.

You may submit a program/project/study proposal for consideration for multiple individual awards within this award category. However, multiple applications put forth for one award by the same applicant will not be considered.

Eligible applicants need to submit only one application when applying for one or multiple awards under this category. Specify the awards you wish to apply for in Section D of this form.

Applicants must submit an application using the online application form. Hard copies and emailed applications (e.g. in Word or PDF) will not be accepted.

You will be required to provide an ORCID (Open Researcher and Contributor ID) in this application. If you don't have one yet, you can sign up for one here.

The Senior Administration Officer may be reached at 02 9256 9639 or foundation@racp.edu.au if you have any clarifications regarding this application.

Application Details * indicates a required field Section A - Personal Details Full name * Title First Name Last Name MIN * Must be a number. Primary Address * Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Primary Phone Number * Primary Email *

	Must be an email address.
Membership status *	
Division / Faculty / Chapter *	
Specialty *	
ORCID (Open Researcher and Contributor ID) *	Required If you don't have one yet, you can sign up for one here.
Section B - Project and Ins	stitution details
Project/Program Title *	
Lay summary *	
Research category (select all that apply) *	Word count: Must be no more than 250 words. Provide a short description of your project/program. The Lay summary you provide will be used by the RACP Foundation on its recipient webpage and related publications, and shared with the donor, partner organisation, or committee supporting your award. Basic Clinical Epidemiological Indigenous Not applicable Other:
Start date *	Must be a date.
Estimated end date *	Must be a date.
Proposed commencement date of RACP funding *	Must be a date.
Total Amount *	\$ Cannot exceed value of the award

Administering Institution *	Organisation Name
Administering Institution Address *	Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Is the administering institution the same as the institution where this project or program is undertaken? *	YesNoNot applicable
Institution where project / program is undertaken	Organisation Name
Institution Address	Address
Awards and Eligibility	
* indicates a required field	
Section C - Eligibility	
Consideration Statement - Lis your career	t any factors that may have significantly interrupted
Word count: Must be no more than 200 words.	
Are you currently receiving or	have you recently received funding from the RACP?
O Yes Consider awards you have received f	O No rom the RACP Foundation in the past 3 years.
Upload your progress/final repattach a file:	port for your most recent RACP award

Use the template available here . For 2020 Foundation@racp.edu.au to request for acc		
Section D - Awards applied for		
Select the awards you wish to conconsider yourself eligible for each		elow. Explain why you
See list and eligibility details of availab	le awards <u>here</u> .	
Awards you are applying for		details as to why you related to the details as to why you related to the second to the details are the second to the details are the details
Applicant Qualifications		
* indicates a required field		
Section E - Academic Qualifica	itions	
Starting with the most recent, list degrees, including the year of awa		cations and post higher
Institution Degree		Year of award
Section F - Career and Employ	ment History	
Starting with the most recent, list the institution or company, the po		
Institution Positio	n held	Period
		Provide start and end dates
Section G - Awards and Public	ations	

When considering your responses to the following questions, please refer to the following definitions:

- Grant grant funding for the costs of undertaking research
- Fellowship funding primarily providing stipend/salary for the applicant
- Award recognition of an achievement with no associated remuneration
- Prize recognition of an achievement with associated remuneration
- Conference support funds provided for conference participation, registration or travel/ accommodation
- Other involvement not otherwise included in the above classifications

List all other past/completed funding which is external to the RACP and relevant to this application (if applicable).

Classification	o F unding organisation and name of award		Funding amount - Total	Scientific title of project / grant application	of applicant's	Funds awarded to Applicant - Total
			\$			
			\$			
			\$			
		Please include month and year	Must be a dollar amount.		e.g. CIA, PI, CI-other, associate investigator, other investigator, etc.	The funds that you have at your disposal, particularly for multi- investigator grants

List all other current funding (at the date of application) that is external to the RACP and relevant to this application (if applicable).

Classifica	tRunding organisati and name of award	i óst art/end		Scientific title of project / grant applicatio	awarded to Applicant	Relevant to this applicatio	description
			\$		\$		
		Ì	\$		\$		
			\$		\$		
		Please include month and year	Must be a dollar amount		The funds that you have at your disposal, particularly		e.g. CIA, PI, CI-other, associate investigator, other

grants			for multi- investigator	investigator,
			_	etc.

List all other potential funding that is external to the RACP and relevant to this application (if applicable).

Applications in progress or intended in the remainder of the current calendar year

Classifica	organisat	_		title of project /	awarded to Applicant	applicatio	description
			\$		\$		
			\$	İ	\$		
			\$		\$		
		Please include month and year	Must be a dollar amount	X	The funds that you have at your		e.g. CIA, PI, CI-other, associate investigator,
					disposal, particularly for multi- investigator grants		other investigator, etc.

Describe noteworthy scientific achievements to date

Please do not just list information provided elsewhere in the application. Focus on scientific achievements, not qualifications, awards and progression through career landmarks. Use this section to indicate why highlighted achievements are noteworthy in your career context particularly.

For example: Was a research question your own idea? How was a research outcome dependent on your effort particularly? Has a scientific achievement impacted clinical practice? How is an achievement notable given your research opportunity?

*		
Word count:		
Must be no more than 100 word	ds.	

If applicable: starting with your most recent, list the top five peer-reviewed full-length publications in ranking order, and briefly state your role as an author

on the publication. Explain your contribution to the work reported in these publications.

Include publications that highlight your track record and indicate your capacity for the proposed research.

Full bibliographic reference		Your role in this publication and reason for selection
Title, all authors, journal	PMID, DOI or equivalent	Must be no more than 50 words.
reference		

Proposed Program

* indicates a required field

Section H - Proposed Program

Provide a summary of your project/program/study proposal a rationale for the research along with a statement of purpose for scientific enquiry, hypothesis, new knowledge, technical innovation *	or research aims
Word count: Must be no more than 750 words.	

Impact of project/program/study: include the anticipated outcomes/benefits of the project/program/study, and comment on the extent of knowledge transfer that would occur as a result of the project *

Word count:

Must be no more than 500 words.

Research references relevant to the project/program/study *

Word count: Must be no more than 500 words.		
Maximum 20 references.		
Provide the timeline for your project/pro	gram/study. *	
Word count:		
Must be no more than 150 words.		
Provide a budget for the project indicati	ng: i) how the RACP	funding will be used:
and ii) how any secured funding will be funding source		
Funding Duration (start) and		
		llaa af fuundina
	Funding amount	Use of funding
		Use of funding
organisation and dates)	\$	Use of funding
organisation and dates)	\$ \$	Use of funding
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If your application needs to refer to any in a single pdf file Attach a file: This is optional. Ensure that you have labeled the	\$ \$ \$ Must be a dollar amount relevant graphs or f	igures, upload them
If your application needs to refer to any in a single pdf file Attach a file: This is optional. Ensure that you have labeled the	\$ \$ \$ Must be a dollar amount relevant graphs or f	igures, upload them
organisation and dates) name of award If your application needs to refer to any in a single pdf file Attach a file: This is optional. Ensure that you have labeled the or question of your application this relates to.	\$ \$ \$ Must be a dollar amount relevant graphs or f	igures, upload them
If your application needs to refer to any in a single pdf file Attach a file: This is optional. Ensure that you have labeled the or question of your application this relates to. Will ethics approval be required? *	\$ \$ \$ Must be a dollar amount relevant graphs or fi	igures, upload them

Attach a file:	s approval it a	avallable		
Certification				
* indicates a required field				
I certify that the information understand that the Royal this information with any i being made as part of the	Australasian nstitution or	College of P individual. I cess *	hysicians may wis	h to verify
○ Yes		○ No		
I have read the award tern to abide by them. *	ns and condit	ions and, if	selected for an aw	ard, agree
○ Yes		O No		
Read the <u>award terms and condit</u>	<u>ions</u> .			
Signed *	Title F	irst Name	Last Name	
Signed * Certification Date *	Title F	irst Name	Last Name	
-			Last Name en you complete this ap	oplication
-				oplication