AChPM Best Trainee Research Project Award 2023

The AChPM Best Trainee Research Project Award is awarded for the best research project submitted for assessment for Advanced Training in Palliative Medicine each year.

**Applications close: 30 June 2023 (5 pm AEST)**

Submit this application form together with supporting documentation in a single PDF document and email to foundation@racp.edu.au with **AChPM Trainee Research Project** as the subject.

**Terms & Conditions:**

The College [Terms and Conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) for College Awards and Prizes apply.

The College [Conflict of Interest Policy](https://www.racp.edu.au/docs/default-source/default-document-library/pol-conflicts-of-interest.pdf?sfvrsn=4) and [Privacy Policy](https://www.racp.edu.au/docs/default-source/default-document-library/pol-privacy-personal-information.pdf?sfvrsn=4) apply.

**Applicant details:**

|  |  |
| --- | --- |
| MIN: |  |
| Title: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | Trainee  Fellow – Date received Fellowship: |
| Academic / Medical Institution: |  |
| Submission Title: |  |

**Documentation Required:**

Advanced Training Research Project that was submitted between 1 January 2022 and 31 December 2022.

**Supplementary Information:**

Please provide any further information that you consider may be of relevance

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| *(Max 250 words)* |

I have read the award [terms and conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) and agree to abide by them.

**I certify that the information supplied in this application is true and correct. I understand that the Royal Australasian College of Physicians may wish to verify this information with any institution or individual. I consent to such inquiries being made as part of the selection process.**

**I hereby certify that this paper is my own work and is not the result of plagiarism and complies with the Commonwealth Copyright Act of 1968.**

Signature:

Date: