AChSHM Award for Best Post Graduate Thesis

in Sexual Health Medicine 2026

**Nominations close: Wednesday, 15 October 2025, 5.00 pm AEDT**

Submit this nomination form together with supporting documentation in a PDF file

and email to foundation@racp.edu.au with the subject

“AChSHM Award for Best Post Graduate Thesis in Sexual Health Medicine”

**Terms & Conditions:**

The College Terms and Conditions for [awards and prizes valued up to $5000](https://www.racp.edu.au/foundation/terms-and-conditions/awards-and-prizes-valued-up-to-%245000) 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/home/privacy/policy) apply.

**Nominee details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | MIN: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | [ ]  Fellow [ ]  Trainee |
| Thesis Title: |  |

**Nominated by (if not self-nominated):**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | MIN: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | [ ]  Fellow [ ]  Trainee |

**Eligibility:**

I confirm that the nominee:

[ ]  is a registered Fellow/trainee of the Australasian Chapter of Sexual Health Medicine (AChSHM)

[ ]  has been awarded a doctoral or Masters by research thesis within the last 5 years

[ ]  has not been a previous recipient of this award

[ ]  is aware that I intend to nominate them and has granted any permissions necessary, including permission to use the information provided in College communications, both print and digital.

**Nominator to provide a Statement of Support for the nominee below.**

Please provide an appreciation and evaluation of the contribution the nominee’s thesis has made. This might include:

* Quality of the publications from June 2020 – June 2025
* Contribution the work is likely to make in the future to Sexual Health Medicine.
* Translation into changes in public health or clinical practice.
* Commercialisation of a product.

|  |
| --- |
| *(Max 1000 words)* |

**Supplementary Information:**

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

|  |
| --- |
| *(Max 250 words)* |

Has the nominee’s contribution been recognised elsewhere (e.g. in the media, by other awards, professional/interest groups, local government or the College)?

|  |
| --- |
| *(Max 250 words)* |

**Supporting Documentation Required:**

[ ]  Two signed letters of support from referees, other than the nominator

(provide details on the following page)

I certify that:

[ ]  I have read the Terms and Conditions for [awards and prizes valued up to $5000](https://www.racp.edu.au/foundation/terms-and-conditions/awards-and-prizes-valued-up-to-%245000) and as nominator agree to abide by them.

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

Signature: Date:

# REFEREE DETAILS

Two letters of support from referees **must** be submitted. Referees must be able to make direct comment on the contribution/service of the Fellow you are nominating.

# REFEREE A

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | MIN: |  |
| Name: |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |

**REFEREE B**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | MIN: |  |
| Name: |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |