Australasian Chapter of Sexual Health Medicine

Indigenous Scholarship 2025

**Applications close: Sunday, 15 September 2024, 5pm AEST**

Submit this application form together with supporting documentation in a single PDF file

to Foundation@racp.edu.au with the subject “AChSHM Indigenous Scholarship”.

**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.

**Applicant details:**

|  |  |
| --- | --- |
| Title (eg Mr, Ms, Dr):  |  |
| Name: |  |
| Address: |  |
| RACP MIN (if applicable): |  |
| Telephone: |  |
| Email: |  |
| Where did you hear about this scholarship? |  |

**Supporting Documentation Required:**

[ ]  Written submission (essay) approximately 300-500 words

[ ]  CV (max three pages)

**Supplementary Information:**

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

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

[ ]  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 agree to abide by them.

[ ]  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 have been granted all appropriate consents and approvals to the use of information contained within the essay from any third party, including patients where required.

[ ]  Where relevant, I have received appropriate ethical clearances in line with the National Statement on Ethical Conduct in Human Research.

[ ]  I agree to the publication of my name, position title, employer or company name, and the title of my paper for the purposes of the promotion and administration of the competition.

Signature:

Date:

**REFEREE DETAILS** (two letters of support from referees must be submitted)

**REFEREE A**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| RACP MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |
| [ ]  Signed letter of support from referee attached. |

**REFEREE B**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| RACP MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |
| [ ]  Signed letter of support from referee attached. |