Australasian Chapter of Sexual Health Medicine

Indigenous Scholarship 2024

**Applications close: 5pm AEDT, Tuesday 31 October 2023**

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](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:**

|  |  |
| --- | --- |
| 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 award [terms and conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) and as nominator 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.**

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. |