# APPLICATION FORM

AFRM Adrian Paul Prize 2025

**Applications close: Friday, 31 October 2025, 5.00 p.m. AEDT**

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

and email to Foundation@racp.edu.au with the subject “AFRM Adrian Paul Prize”

**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:**

|  |  |
| --- | --- |
| MIN: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | [ ]  Trainee[ ]  Fellow – Date received Fellowship:  |
| Academic / Medical Institution: |  |
| Submission Title: |  |
| Where did you hear about this prize? |  |

**Documentation Required:**

[ ]  Advanced Training Research Project that was submitted between 16 September 2024 and 15 September 2025.

**Supplementary Information:**

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

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

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 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 complied with the requirements of the [Academic Integrity in Training Policy](https://www.racp.edu.au/docs/default-source/default-document-library/academic-integrity-in-training-policy.pdf?sfvrsn=6).

[ ]  I have been granted all appropriate consents and approvals to the use of information contained within the paper 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: