# APPLICATION FORM

AFOEM Essay Prize 2024

**Applications close: Thursday, 31 October 2024, 5.00 p.m. AEDT**

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

and email to Foundation@racp.edu.au with the subject “AFOEM Essay 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:**

|  |  |
| --- | --- |
| Title (eg Mr, Ms, Dr):  |  |
| First Name: |  |
| Surname: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Academic / Medical Institution: |  |
| Status: | [ ]  Medical student[ ]  Intern |
| Where did you hear about this prize? |  |

**Submission Details:**

|  |  |
| --- | --- |
| Project / Paper Title: |  |
| Word Count: |  |
| Is your paper: | [ ]  Curricular (part of your study/training); or[ ]  Extra-Curricular (in addition to your study/training) |
| Has your paper been formally published? | [ ]  Yes [ ]  No |

Please clearly identify other contributors (authors/supervisor input) and their role and contribution to this essay:

|  |
| --- |
|  |

*Note: You may submit formal published researcher papers provided they identify any contributions by additional authors or supervisors.*

**Other Supporting Documentation Required:**

[ ]  Letter of support from institution

**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 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: