ANZAN Indigenous Health Scholarship for Advanced Trainees in Neurology 2022

**Open:** Saturday 1 October 2022

**Close:** 5pm AEDT / 7pm NZDT, Wednesday 30 November 2022

Late applications will not be accepted.

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**Application guidelines**

1. Read the terms and conditions before completing the application form.
2. Assess eligibility carefully.
3. Applications must be received as a single PDF by **Wednesday 30 November 2022**.
4. Handwritten applications will not be accepted.
5. The format of the application form must not be altered in any way.
6. All applications must be signed by the applicant and submitted electronically to the Senior Executive Officer at foundation@racp.edu.au
7. Applicants will receive an email confirming the receipt of their submitted application.
8. Referees may choose to submit their statement of support directly to the Senior Executive Officer.
9. The referee reports must reach the College by **Wednesday** **30 November 2022**.

For application enquiries, contact the Senior Executive Officer at foundation@racp.edu.au or call +61 2 9256 9620.

**Section A – Personal Details**

|  |  |
| --- | --- |
| Full Name (including title): |  |
| MIN *(if applicable):* |  |
| Preferred Contact Address: |  |
| Preferred Contact Number: |  |
| Preferred Email: |  |
| Training Status: |  |
| Specialty: |  |
| Are you currently a member of ANZAN  | [ ]  Yes [ ]  No |
| I identify as: | [ ]  Aboriginal☐ Torres Strait Islander☐ Māori |

***If successful in my Scholarship application, I agree to provide the RACP with a Confirmation of Aboriginality and/or Torres Strait Islander or Māori identity document.***

Options for providing proof of Indigenous heritage:

[ ]  Provide a letter from an Indigenous education institution, faculty, school, department or government body or a non-government institution that you have been recognised as an Indigenous person; or

[ ]  Indicate that you have already been recognised by the College as an Indigenous person; or

[ ]  Provide a letter of recognition from an Indigenous Community Group, or tribal elder or from the tribal (hapu/ iwi) register; or

[ ]  Other: (please specify which other proof of Indigenous identity you are providing not listed above)

*Australia only:* To confirm Aboriginal and/or Torres Strait Islander descent the following documentary evidence will be required to address the criteria:

* a letter stamped with the common seal and signed by the chairperson of an Aboriginal and or Torres Strait Islander Land Council in whose area the person lives or has previously lived.
* a letter stamped with the common seal and signed by a delegate of an incorporated Aboriginal and or Torres Strait Islander organisation where the majority of the governing body are Aboriginal and or Torres Strait Islander persons.

**Statement of Opportunity**

This Scholarship is intended to provide an educational opportunity for Indigenous advanced trainees in Neurology and to support an understanding of the health of Aboriginal, Torres Strait Islander Māori peoples. Please provide a statement as to the benefits you consider the Scholarship would provide you in terms of:

1) Current and future commitment to Indigenous Australian or Māori communities;

2) An interest in pursuing a career which involves interacting with Indigenous Australian or Māori peoples;

4) Relevance to your current stage of training and/or medical career.

*(Maximum 1000 words)*

**Section C – Academic Qualifications**

Starting with the most recent, list all university qualifications and/or post higher degrees, including the year of the award and institution.

*(Maximum 250 words)*

Please list any noteworthy academic achievements in your career, including awards.

*(Maximum 100 words)*

**Section D – Employment History**

Please list, starting with the most recent, your appointments since graduation, including the institution or company, the position held and the date.

*(Maximum 200 words)*

**Section E – Certification**

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. I have read the award terms and conditions and, if selected for a Scholarship, agree to abide by them.

Signature:

Date:

**REFEREE DETAILS**

Two letters of support from referees must be submitted at the time of application. These can include a referee who has expertise or experience in matters relating to Aboriginal, Torres Strait Islander or Māori health and culture.

**REFEREE A**

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

**REFEREE B**

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