# Eric Susman Prize 2025

**Nominations close: Friday, 15 August 2025, 5.00 p.m. AEST**

Submit this nomination form together with supporting documentation in a PDF file and email to foundation@racp.edu.au with the subject “Eric Susman Prize”.

**Terms & Conditions:**

The [Terms and Conditions for College meritorious awards and prizes by nomination](https://www.racp.edu.au/foundation/terms-and-conditions/meritorious-awards-by-nomination) 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.

**Nominee details:**

|  |  |
| --- | --- |
| MIN: |  |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Division / Faculty / Chapter: |  |
| I confirm that the nominee:[ ]  is a Fellow of the Royal Australasian College of Physicians (may be a member of a Division, Faculty or Chapter); and[ ]  is aware that I intend to nominate them and has granted any permissions necessary, including permission to use the citation provided in College communications, both print and digital. |

**Nominated by:**

|  |  |  |  |
| --- | --- | --- | --- |
| MIN: |  | Status: | [ ]  Fellow [ ]  Trainee |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

**Nominator’s relationship to Nominee** (please give details of any professional relationship and/or personal knowledge)**:**

|  |
| --- |
| *(Max 150 words)* |

Nominator to provide a Statement of Support for the nominee below. This should include:

* an appreciation and evaluation of the contribution of the nominee over the relevant period;
* details of the contribution made by the person nominated in the field of internal medicine (research, teaching or clinical medicine);
* reference to the originality of the research; and
* standing of the nominee in his or her branch of medicine.

The assessment of the contribution of the nominee in relation to others in the field is emphasised as being an essential part of the nomination.

|  |
| --- |
| *(Max 1000 words)* |

Contribution for which the Fellow is nominated: This must have appeared as a published work during the five-year period between 1 January 2020 and 31 December 2024.

“Published work” is defined as generally available to the profession by means of either books or articles published in recognised scientific journals.

Identify two key pieces of published work in which the nominee is the major contributor from the five-year period, which highlight the individual’s contribution to research and the impact that this research has had.

Also provide information around the translation into clinical practice and impact.

|  |
| --- |
| *(Max 350 words)* |

Describe how the nominee has strong ongoing links with Australia and/or Aotearoa New Zealand.

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

**Supplementary Information:**

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

|  |
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| *(Max 250 words)* |

Has the nominee’s contribution been recognised elsewhere (e.g. in the media, by other awards, professional/interest groups, local government or the College)?

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

**Supporting Documentation Required:**

[ ]  CV of nominee (including a 1-page Executive Summary if over 7 pages)

[ ]  Two signed letters of support from referees, other than the nominator
(provide details on the following page)

[ ]  Citation for the nominee (up to 200 words) – *optional, to be used in College communications (print and digital) if the nomination is successful*

I certify that:

[ ]  I have read the [Terms and Conditions for College meritorious awards and prizes by nomination](https://www.racp.edu.au/foundation/terms-and-conditions/meritorious-awards-by-nomination) and as nominator agree to abide by them.

[ ]  The information supplied in this nomination is true and correct. I understand that the Royal Australasian College of Physicians may wish to verify this information with any institution or individual. The nominee and 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. Referees must be able to make direct comment on the contribution/service of the Fellow you are nominating.

**REFEREE A**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |

**REFEREE B**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |