# APPLICATION FORM

# Australasian Faculty of Public Health Medicine

# Gerry Murphy Prize 2025

**Abstract submissions close Sunday, 15 September 2024, 5pm AEST.**

Submit this application form together with your abstract

and email to Foundation@racp.edu.au with the subject “AFPHM Gerry Murphy 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: |  |
| Region: |  |
| Abstract Title: |  |
| Where did you hear about this prize? |  |

**Documentation Required:**

[ ]  Abstract submission, following the [abstract guidelines](https://www.racp.edu.au/about/foundation/abstract-guidelines/gerry-murphy-prize).

[ ]  Optional: I request that the assessment of my Gerry Murphy Prize presentation at the regional event is applied to my overall assessment.

[ ]  Formative Assessment [ ]  Summative Assessment

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 abstract 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 abstract for the purposes of the promotion and administration of the competition.

Signature:

Date: