**RACP FOUNDATION**

International Grant

**Applications close Monday, 30 June 2025, 5.00 p.m. AEST**

***The sponsor*** must submit this application form together with supporting documentation in a single PDF document and email to Foundation@racp.edu.au with the subject

“RACP International Grant Application”.

**Application for:**

[ ]  College International Grant

[ ]  Paediatrics International Grant *(Note: Sponsor must be a Fellow of the PCHD and the purpose must be for study or a project in the field of paediatrics)*

**Section A – Proposed Recipient Details**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

**Current employment** including the institution or company, the position held and the date.

**Qualifications** including the year of award and institution.

**Section B – Proposed Program**

Please provide details of the program that will be undertaken.

Purpose of Grant:

Schedule:

*Include travel dates, intended locations/institutions where Proposed Recipient will attend.*

Anticipated Benefits of Program to Proposed Recipient:

Anticipated Outcomes:

Budget:

Provide a detailed budget for the program or project nominating:

• Amount of funding requested

• Items that would be funded by the RACP grant

• Items that will be funded through other sources (grants or personal)

Identify all other funding which has been secured.

Non-financial support:

Please provide details of any non-financial support

**Section C – Sponsor Details**

|  |  |
| --- | --- |
| MIN: |  |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Status: | [ ]  Fellow  |
| Division / Faculty / Chapter: |  |
| Specialty: |  |

Reason for Sponsorship:

Relationship to proposed recipient and institution:

**Section D – Supporting Documentation Required**

Attach the following documents with this application form:

[ ]  Letter of acknowledgment of support from proposed recipient’s institution including contact details and support being provided (financial, indemnification, other).

[ ]  Letter of acknowledgment of support from Australian Sponsor including contact details and support being provided (financial, on ground support, other).

[ ]  Signed copy of the College Terms and Conditions for International Grants by Sponsor.

[ ]  Signed copy of the College Terms and Conditions for International Grant by Proposed Recipient.

The following documents must be submitted prior to payment of funding. Please provide these with this application if already available:

[ ]  Proof of medical insurance or indemnification whilst in Australia

[ ]  Valid visa and/or other relevant immigration requirements

**Consideration Statement** *(Optional)* - briefly state any special considerations or extenuating circumstances or why the RACP should specifically fund this application.

*(Maximum 500 words)*

**Section E – Consideration Statement and 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 enquiries being made as part of the approval process.

Signature:

Date: