**Jameson Investigator Award for Research Related to Indigenous Health Issues 2023**

**Applications close: Thursday, 31 August 2023, 11.59 pm AEST**

Email this application form together with supporting documentation in a single PDF document

to [RACPQLD@racp.edu.au](mailto:RACPQLD@racp.edu.au) with the subject “Jameson Investigator Award”.

**Terms & Conditions:**

The College [Terms and Conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) for College Awards and Prizes 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/docs/default-source/default-document-library/pol-privacy-personal-information.pdf?sfvrsn=4) apply.

**Applicant details:**

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| --- | --- | --- |
| MIN: | |  |
| Title: | |  |
| Name: | |  |
| Address: | |  |
| Telephone: | |  |
| Email: | |  |
| Status: | | Trainee  Fellow – Date received Fellowship: |
| Abstract Title: |  | |

**Documentation Required:**

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

I have read the award [terms and conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) and as nominator agree to abide by them.

**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.**

Signature: Date: