**Jameson Investigator Award for Research Related to Indigenous Health Issues 2024**

**Applications close: Saturday, 31 August 2024, 11.59 pm AEST**

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

to RACPQLD@racp.edu.au with the subject “Jameson Investigator Award”.

**Terms & Conditions:**

The College Terms and Conditions for [[awards and prizes valued under $1000](https://www.racp.edu.au/foundation/terms-and-conditions/awards-and-prizes-valued-under-%241000)](https://www.racp.edu.au/about/foundation/terms-and-conditions/awards-and-prizes-valued-5000-and-under) apply.

The College [Conflict of Interest Policy](https://www.racp.edu.au/docs/default-source/about/policies-and-guides/conflicts-of-interest-policy.pdf?sfvrsn=68302f1a_10) and [Privacy Policy](https://www.racp.edu.au/home/privacy/policy) apply.

**Applicant details:**

|  |  |
| --- | --- |
| 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 certify that:

[ ]  I have read the Terms and Conditions for [awards and prizes valued under $1000](https://www.racp.edu.au/foundation/terms-and-conditions/awards-and-prizes-valued-under-%241000) 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 essay 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, the title of and abstract from my paper for the purposes of the promotion and administration of the competition.

Signature: Date: