# Australasian Faculty of Public Health Medicine

# John Snow Scholarship 2026

# APPLICATION FORM

**Applications close: Sunday, 12 October 2025, 5.00 p.m. AEDT**

Submit this application form together with supporting documentation

and email to Foundation@racp.edu.au with the subject “AFPHM John Snow Scholarship”.

**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/docs/default-source/default-document-library/pol-privacy-personal-information.pdf?sfvrsn=4) apply.

**Applicant Details:**

|  |  |
| --- | --- |
| Title (eg Mr, Ms, Dr):  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| **Topic Title:** |  |

**University Details:**

|  |  |
| --- | --- |
| School / University: |  |
| Address: |  |
| State: |  |

**Supporting Documentation:**

*To allow unbiased “blind” selection of scholarship recipients, applicants* ***MUST NOT*** *include their name, their university’s name or any personal identifying information in the selected piece of work, reflection or presentation plan. These items will be extracted from the application and identified numerically.*

*Documents are to be attached in the following order:*

[ ]  **Letter of Support from University**

A letter of support from the University confirming that the applicant is currently enrolled as a student and that the piece of work selected has been submitted for formative or summative assessment and/or included in their portfolio for assessment. This letter should be signed by the Dean of the Medical School. A template is provided for use.

[ ]  **A piece of work previously submitted for formative or summative assessment to the applicant’s medical school.**

[ ]  **Reflection Piece**

A Reflection Piece (800-1000 words) demonstrating your understanding of one to two selected learning objectives from the [Public Health Medicine Advanced Training Curriculum](https://www.racp.edu.au/docs/default-source/trainees/advanced-training/public-health-medicine/public-health-medicine-advanced-training-curriculum.pdf?sfvrsn=77252c1a_8) that you gained by undertaking a medical school assessment piece.:

1. a clear connection between the piece of work and the reflection; and
2. what you learned about the selected learning objectives by undertaking the piece of work and how you learned this.

[ ]  **Presentation Plan**

A Presentation Plan of no more than 500 words describing how you would present the assessment piece and the reflection if chosen as a scholarship recipient.

[ ]  I consent to my email address and telephone number being provided to the AFPHM President and Executive Officer for the purpose of being invited to events and meetings organised by AFPHM’s Sydney office and/or regional committees to promote networking between John Snow Scholarship applicants and AFPHM Fellows and advanced trainees.

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)](https://www.racp.edu.au/about/foundation/terms-and-conditions/awards-and-prizes-valued-5000-and-under) 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 been granted all appropriate consents and approvals to the use of information contained within the work 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 paper for the purposes of the promotion and administration of the competition.

Signature: Date: