RACP Indigenous Health Scholarship Program

**Application dates for 2025 Aboriginal, Torres Strait Islander and Māori Scholarships**

**Open:**  Tuesday1 October 2024

**Close:** 5pm AEDT / 7pm NZDT, Saturday 30 November 2024

Late applications will not be accepted.

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**Application guidelines**

1. Read the [terms and conditions](https://www.racp.edu.au/about/foundation/terms-and-conditions/indigenous-health-scholarship-program) before completing the application form
2. Assess eligibility carefully.
3. Applications must be received as a single PDF by Saturday **30 November 2024**.
4. Handwritten applications will not be accepted
5. The format of the application form must not be altered in any way.
6. All applications must be signed by the applicant and submitted electronically to the Senior Executive Officer at foundation@racp.edu.au.
7. Applicants will receive an email confirming the receipt of their submitted application.
8. Referees may choose to submit their statement of support directly to the Senior Executive Officer.
9. The referee reports must reach the College by **Saturday 30 November 2024**.

For application enquiries, contact the Senior Executive Officer at foundation@racp.edu.au or call +61 2 9256 9620.

**Section A – Personal Details**

|  |  |
| --- | --- |
| Full Name (including title): |  |
| MIN (if applicable): |  |
| Preferred Contact Number: |  |
| Preferred Email: |  |
| Preferred Mailing Address: |  |
| Status: | [ ]  Basic Trainee[ ]  Advanced Trainee[ ]  Medical Graduate\*\* If you are a Medical Graduate, please note that Indigenous Scholarships are dependent upon acceptance for training. |
| Division / Faculty / Chapter: (if applicable): |  |
| Specialty:(if applicable): |  |
| Have you applied to the College for training?  | [ ]  Yes [ ]  No |
| Has your application been accepted? | [ ]  Yes [ ]  No [ ]  Still in progress |
| I identify as: | [ ]  Aboriginal[ ]  Torres Strait Islander[ ]  Māori |

**PROOF OF HERITAGE**

If your application is successful, you’re required to provide the College with a Confirmation of Identity document.

Select a proof of heritage option relevant to you:

**Aboriginal and Torres Strait Islander**

A letter from an Indigenous education institution, faculty, school, department or government body or a non-government institution stating that you’ve been recognised as an Aboriginal person and/or Torres Strait Islander.

[ ]  Proof of the RACP having previously recognised your Aboriginal and/or Torres Strait Islander heritage.

[ ]  A letter of recognition from an Indigenous Community Group or tribal elder.

[ ]  A letter stamped with the common seal and signed by:

* the Chairperson of an Aboriginal and/or Torres Strait Islander Land Council in the area where you currently live or have previously lived; or
* a delegate of an incorporated Aboriginal and/or Torres Strait Islander organisation where the majority of the governing body are Aboriginal persons and/or Torres Strait Islanders.

[ ]  Other — specify the type of proof you are providing of your Aboriginal and/or Torres Strait Islander heritage, which is not a listed option:

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**Māori**

[ ]  A letter from a Māori education institution, faculty, school, department or government body or a non-government institution stating that you’ve been recognised as Māori.

[ ]  Proof of the College having previously recognised your Māori heritage.

[ ]  A letter of recognition from an Indigenous Community Group, tribal elder or from the tribal (hapu/iwi) register.

[ ]  A traditional presentation to the College by a whānau member^.

☐ Other — specify the type of proof you are providing of your Māori heritage, which is not a listed option.

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^ Opportunities to give a traditional presentation are limited. The College will endeavour to accommodate this option where possible.

**Section B – Training Program**

I am applying for training in:

[ ]  Australia [ ]  Aotearoa New Zealand

I am applying for a Scholarship in the following program:

[ ]  Basic Training [ ]  Advanced Training

in the:

[ ]  Paediatrics and Child Health Division

[ ]  Adult Medicine Division

[ ]  Australasian Faculty of Occupational and Environmental Medicine (AFOEM)

[ ]  Australasian Faculty of Public Health Medicine (AFPHM)

[ ]  Australasian Faculty of Rehabilitation Medicine (AFRM)

[ ]  Australasian Chapter of Addiction Medicine (AChAM)

[ ]  Australasian Chapter of Palliative Medicine (AChPM)

[ ]  Australasian Chapter of Sexual Health Medicine (AChSHM)

**Statement of opportunity**

This Scholarship is intended to provide an educational opportunity for Indigenous medical graduates and to support an understanding of the health of Aboriginal peoples, Torres Strait Islanders and Māori.

Provide a statement as to the benefits you consider the Scholarship would provide you in terms of:

1. Current and future commitment to Indigenous communities
2. An interest in pursuing a career which involves interacting with Indigenous people
3. An interest in pursuing training with the College
4. Relevance to your current stage of training and/or medical career

*(Maximum 250 words)*

**Section C – Academic Qualifications**

Starting with the most recent, list all university qualifications and/or post higher degrees, including the year of the award and institution.

*(Maximum 250 words)*

Please list any noteworthy academic achievements in your career, including awards.

*(Maximum 100 words)*

**Section D – Employment History**

Starting with the most recent, list your appointments since graduation, including the institution or company, the position held and the date.

*(Maximum 200 words)*

**Section E – 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 inquiries being made as part of the selection process. I have read the award terms and conditions and, if selected for a Scholarship, agree to abide by them.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFEREE DETAILS**

Two letters of support from referees must be submitted at the time of application. These can include a referee who has expertise or experience in matters relating to Aboriginal, Torres Strait Islander or Māori health and culture.

**Referee A**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |
| [ ]  Signed letter of support from referee attached. |

**Referee B**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |
| [ ]  Signed letter of support from referee attached. |