**RACP FOUNDATION**

Aotearoa New Zealand Pacific Islander

Health Scholarship

**RACP INDIGENOUS HEALTH SCHOLARSHIPS 2026**

**Open:** Wednesday 1 October 2025

**Close:** 5pm AEDT / 7pm NZDT, Sunday 30 November 2025

***Late applications will not be accepted***

**Application guidelines**

1. Prior to completing the application form, applicants must:
   1. Read the [terms and conditions](https://www.racp.edu.au/foundation/terms-and-conditions/indigenous-health-scholarship-program) of the award. Intending applicants are strongly advised to seek advice and discuss their plans with a supervisor and may contact the RACP Foundation for a referral to a Fellow in order to obtain appropriate advice prior to submitting an application.
   2. Assess eligibility carefully.
2. Applicants must submit an application on the prescribed form by the due date – 30 November 2025.

Handwritten applications will not be accepted, and the format of the application must not be altered in any way. Please write unambiguously and succinctly.

1. All applications must be signed by the applicant and submitted electronically to the Senior Executive Officer at [foundation@racp.edu.au](mailto:foundation@racp.edu.au) in a single PDF file. Faxed copies or hard copies will not be accepted.
2. Applicants will receive an email confirming the receipt of their submitted application.
3. Referees may choose to submit their statement of support (Section G) directly to the Senior Executive Officer.

NB: The referee reports must reach the College by the application closing date.

Contact the Senior Executive Officer with application questions at [foundation@racp.edu.au](mailto:foundation@racp.edu.au)

or call +61 2 9256 9620.

**RACP FOUNDATION**

**AOTEAROA NEW ZEALAND PACIFIC ISLANDER HEALTH SCHOLARSHIP**

**RACP INDIGENOUS HEALTH SCHOLARSHIPS 2026**

**APPLICATION FORM**

**Section A – Personal Details**

|  |  |
| --- | --- |
| Full Name (including title): |  |
| MIN (if applicable): |  |
| Preferred Contact Address: |  |
| Preferred Contact Number: |  |
| Preferred Email: |  |
| 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: |  |
| Specialty: |  |
| Have you applied to the College for training? | Yes  No |
| Has your application been accepted? | Yes  No  Still in progress |

**Section B – Eligibility and Training Program Applied For:**

I am an Aotearoa New Zealand Resident:  Yes

No

I identify myself as a:  Cook Islander  Tokelauan

Fijian  Tongan

Niuean  Tuvaluan

Samoan  Other:

*If successful in my Scholarship application, I agree to provide the RACP with proof of my Pacific Island identity.*

Options for providing proof:

Provide a letter from a Pacific education institution, faculty, school, department or government body or a non-government institution that you have been recognised as a Pacific Island person; or

Indicate that you have already been recognised by the RACP as a Pacific Island person; or

Provide a letter of recognition from an Indigenous/Pacific Community Group, or Pacific cultural leader or church Minister; or

Other: (please indicate which other proof of Indigenous identity you are providing not listed above)

I am applying for training in:

Australia  Aotearoa New Zealand

I am applying for a Scholarship in the following program:

Basic Training – Paediatric Medicine Division

Basic Training – Adult Medicine Division

Advanced Training – Paediatric Medicine Division

Advanced Training – Adult Medicine Division

Australasian Faculty of Rehabilitation Medicine (AFRM)

Australasian Faculty of Occupational and Environmental Medicine (AFOEM)

Australasian Faculty of Public Health Medicine (AFPHM)

Australasian Chapter of Sexual Health Medicine (AChSHM)

Australasian Chapter of Palliative Medicine (AChPM)

Australasian Chapter of Addiction Medicine (AChAM)

Please list other awards you have applied for which are external to the RACP and relevant to this application.

*(Maximum 250 words)*

**Consideration Statement** - List any factors that may have significantly impacted your career, cultural or other (eg: family, health)

*(Maximum 250 words)*

**Section C – Academic Qualifications**

Please list, starting with the most recent, all university qualifications and post higher degrees, including the year of the award and institution.

*(Maximum 250 words)*

Please list all other awards previously or currently held. Please list any noteworthy academic achievements in your career since graduation.

*(Maximum 100 words)*

**Section D – Employment History**

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

*(Maximum 200 words)*

**Section E – Statement of Opportunity**

This Scholarship is intended to provide an educational opportunity for Pacific medical students and doctors resident in Aotearoa New Zealand and to support an understanding of the health of Pacific Islander peoples. Please provide a statement as to the benefits you consider the Scholarship would provide you in terms of each of the following:

1. Current and future commitment to the Pacific Islander community;
2. An interest in pursuing a career which involves interacting with Pacific Islander peoples;
3. An interest in developing knowledge about Pacific Islander methodologies, methods or concepts to support an understanding of the health of the Pacific Islander population;
4. An interest in pursuing training with the College;
5. Relevance to your current stage of training and/or medical career.

*(Maximum 1000 words)*

**Section F – 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.

*These can include a referee who has cultural expertise or experience in matters relating to Pacific Islander peoples.*

**Please note:** References will be assessed as part of the application review process.

**REFEREE A**

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |
| Signed letter of support from referee attached. | |

**REFEREE B**

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |
| Signed letter of support from referee attached. | |