# PAEDIATRICS & CHILD HEALTH DIVISION

# Rue Wright Memorial Award 2024

**Applications close: Tuesday 10 September 2024 at 5.00 pm AEST**

Submit this application form together with supporting documentation in a single PDF file

and email to Paed@racp.edu.au with the subject “Rue Wright Memorial Award”.

Your abstract should start on a new page.

**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/home/privacy/policy) apply.

**Applicant Details:**

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| --- | --- |
| MIN: |  |
| Title: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Region: |  |
| Abstract Title: |  |

**Documentation Required:**

[ ]  Abstract submission, following the [abstract guidelines](https://az659834.vo.msecnd.net/eventsairaueprod/production-racp-public/651fa2ee85b04176927b87f54d8a29d2).

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.

[ ]  If applicable, 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 paper 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.

**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: