# APPLICATION FORM

# Australasian Faculty of Public Health Medicine

# Gerry Murphy Prize

**Abstract submissions close Friday, 15 September 2023, 5pm AEST.**

Submit this application form together with supporting documentation

and email to [Foundation@racp.edu.au](mailto:foundation@racp.edu.au) with the subject “AFPHM Gerry Murphy Prize”.

**Terms & Conditions:**

The College [Terms and Conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) for College Awards and Prizes 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:**

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| --- | --- |
| MIN: |  |
| Title (eg Mr, Ms, Dr): |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Region: |  |
| Abstract Title: |  |
| Where did you hear about this prize? |  |

**Documentation Required:**

Abstract submission, following the [abstract guidelines](https://www.racp.edu.au/about/foundation/abstract-guidelines/gerry-murphy-prize).

Optional: I request that the assessment of my Gerry Murphy Prize presentation at the regional event is applied to my overall assessment.

I have read the prize [terms and conditions](https://www.racp.edu.au/docs/default-source/foundation/terms-conditions-prizes.pdf) and agree to abide by them.

**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: