# APPLICATION FORM

AFOEM Essay Prize 2023

**Applications close: Tuesday, 31 October 2023, 5.00 p.m. AEDT**

Submit this application form together with supporting documentation in a single .pdf document

and email to Foundation@racp.edu.au with the subject “AFOEM Essay 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:**

|  |  |
| --- | --- |
| Title (eg Mr, Ms, Dr):  |  |
| First Name: |  |
| Surname: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Academic / Medical Institution: |  |
| Status: | [ ]  Medical student[ ]  Intern |
| Where did you hear about this prize? |  |

**Submission Details:**

|  |  |
| --- | --- |
| Project / Paper Title: |  |
| Word Count: |  |
| Is your paper: | [ ]  Curricular (part of your study/training); or[ ]  Extra-Curricular (in addition to your study/training) |
| Has your paper been formally published? | [ ]  Yes [ ]  No |

Please clearly identify other contributors (authors/supervisor input) and their role and contribution to this essay:

|  |
| --- |
|  |

*Note: You may submit formal published researcher papers provided they identify any contributions by additional authors or supervisors.*

**Other Supporting Documentation Required:**

[ ]  Letter of support from institution

**Supplementary Information:**

Please provide any further information that you consider may be of relevance

|  |
| --- |
| *(Max 250 words)* |

[ ]  I have read the award [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.**

**I hereby certify that this paper is my own work and is not the result of plagiarism and complies with the Commonwealth Copyright Act of 1968.**

Signature:

Date: