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| *Applicant Name:* | *Date received:* |



2024 Arthritis Australia

Paediatric Rheumatology Advanced Training Scholarship

Application form

Applications open: 2nd May 2023

Closing date: 14th June 2023 (5.00pm AEST)

* If you require any assistance in completing this form- please contact Arthritis Australia on 02 9518 4441

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| **Completed applications should be submitted to Arthritis Australia as an email attachment** |
| ***Email to:* jalano@arthritisaustralia.com.au** |

**Late or incomplete forms may not be accepted**

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| 2024 Arthritis AUSTRALIA Paediatric Rheumatology ADVANCED TRAINING SCHOLARSHIP application | | | | | | | | | |
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| CONTACT DETAILS (APPLICANT) | | | | | | | | | |
| **Name:** | **Title:** | | | **Given:** | | | | | **Surname:** |
| **Address:** |  | | | | | | | | |
| **City:** |  | | | | | **State:** | | | **Postcode:** |
| **Phone:** | **Work:** | | | | | **Mobile:** | | | **Facsimile:** |
| **Email:** |  | | | | | | | | |
| **Australian citizen or permanent resident:** | | | | | | **Yes  No** | | | |
| Employment details | | | | | | | | | |
| **Present position:** | | | | | |  | | | |
| **Institution:** | | | | | |  | | | |
| **Year of successful completion of RACP exams written and clinical:** | | | | | |  | | | |
| **Advanced Training in Paediatrics:** | | | | | | **Yes  No** | | | |
| **Advanced Training in Rheumatology:** | | | | | | **Yes  No If yes, year due to complete:………** | | | |
| **Core Training completed:** | | | | | | **Yes  No** | | | |
| **Non-Core Training completed:** | | | | | | **Yes  No** | | | |
|  | | | | | | | | | |
| CONTACT DETAILS OF current SUPERVISOR | | | | | | | | | |
| **Name:** | **Title:** | | | **Given:** | | | | | **Surname:** |
| **Institution:** |  | | | | | | | | |
| **Address:** |  | | | | | | | | |
| **City:** |  | | | | **State:** | | | | **Postcode:** |
| **Phone:** | **Work:** | | | | **Mobile:** | | | | **Facsimile:** |
| **Email:** |  | | | | | | | | |
| ***(Please copy and paste this section if more than one supervisor)*** | | | | | | | | | |
| Details of INTENDED ADVANCED TRAINING POSITION during The SCHOLARSHIP | | | | | | | | | |
| **Intended institution:** | | | | | | |  | | |
| **Intended department:** | | | | | | |  | | |
| **RACP accredited for advanced training in Paediatric Rheumatology (if known):** | | | | | | | **Yes  No** | | |
| **Title of position:** | | | | | | |  | | |
| **Salary including on costs (if known):** | | | | | | |  | | |
| ***Intended start date:*** | | | | | | | ***It is intended that the award will commence in 2024*** | | |
|  | | | | | | | | | |
| CONTACT DETAILS OF YOUR SUPERVISOR DURING SCHOLARSHIP SUPPORTED TRAINING | | | | | | | | | | |
| **Title:** | | **Given:** | | | | | | **Surname:** | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Country:** | | | **State:** | | | | | **Postcode:** | | |
| **Work:** | | | **Mobile:** | | | | | **Facsimile:** | | |
| **Email:** | | | | | | | | | | |
| ***(Please copy and paste this section if more than one supervisor)***  ***PLEASE ATTACH A LETTER OF SUPPORT FROM THE SUPERVISOR AND INCLUDE ACCREDITATION DETAILS OF THE INSTITUTION***  ***PLEASE ATTACH COMPLETED RACP RHEUMATOLOGY ADVANCED TRAINING COMMITTEE (ATC) SITE SURVEY (OR EQUIVALENT) IF TRAINING IN AN OVERSEAS SITE*** | | | | | | | | | |
|  | | | | | | | | | |
| **6. TRACK RECORD (PLEASE ATTACH YOUR CURRICULUM VITAE TO THIS APPLICATION)**  **(LIMIT OF 3 PAGES)** | | | | | | | | | |

*Provide a brief overview as your introduction (no more than one paragraph) of your current position, area of interest, awards, presentations, and publications. This will be used in our reporting to funders.*

**Your curriculum vitae should include details such as:**

* **Undergraduate and post-graduate study including the name of the course (s), institution(s) and date(s) completed.**
* **Publications.**
* **Past grants and awards received**
* **Details of Paediatric Rheumatology advanced training undertaken thus far**

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| **7. OUTLINE OF PROPOSED ADVANCED TRAINING PROGRAM AND RESEARCH PROJECTS, IF ANY** |

**2-page summary- the following areas should be included in your summary:**

* **Timeline of your program**
* **Scheduled meetings**
* **Clinical timetable**

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| 8 administering institution | | | |
| **Name:** |  | | |
| **Address:** |  | | |
| **City:** |  | **State:** | **Postcode:** |
|  | | | |
| 9. please attach referees’ report | | | |
| **NOTE: Two written references (one from an independent referee and one from a current supervisor) are required to be submitted at the time of application.** | | | |

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| **10. DETAILS OF OTHER FUNDING SOURCES SECURED AND/OR SOUGHT** (Add additional if more than one) |

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| --- | --- | --- | --- |
| **Name of source:** |  | | |
| **Amount:** |  | | |
| **Application successful:** | **Y/N** |  |  |

| 2024 Arthritis AUSTRALIA Paediatric Rheumatology ADVANCED TRAINING SCHOLARSHIP application | | | | | | | | |
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| 11. Certification | | | | | | | | |
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| **Applicant name:** | | | | | | | | |
| **Certification by head of department:**  I certify that the appropriate general facilities will be available to the applicant if successful. | | | | | | | | |
| **Surname:** |  | | **Title:** | | **Initials:** | **Department:** | | |
| **Signature:** |  | | | | | | | **Date:** |
|  | | | | | | | | |
| **Certification by applicant:**  In signing this page, you certify that all details given in this application are correct and that a written agreement has been provided by all named Chief Investigators. | | | | | | | | |
| **Surname:** |  | **Title:** | | **Initials:** | | | **Department:** | |
| **Signature:** |  | | | | | | | **Date:** |
|  | | | | | | | | |