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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*** |
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| 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:** |
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| 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:** |
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