

2027 RACP Trainee Research Awards - Application Form

Form Preview

RACP Trainee Research Awards application

Application Guidelines

Prior to completing the application form:

1. Read the [terms and conditions for awards and prizes valued up to \\$5000](#).
2. Ensure that your submission adheres to the prescribed [abstract guidelines](#).
3. Assess your eligibility carefully and verify the appropriate category and jurisdiction for your submission. Refer to the guidance below.

You are allowed to submit more than one abstract in separate submissions. However, you may only be selected to present one abstract at the jurisdictional events.

Your research may have been undertaken anywhere in Australia, Aotearoa New Zealand or overseas. However, you **must** apply under the jurisdiction in Australia or Aotearoa New Zealand that you will be residing in **at the time of the jurisdictional events**.

No travel is provided to attend the jurisdictional events and an online presentation option is not guaranteed.

Applicants residing overseas may apply, however no international travel is offered.

Applications must be submitted using this online application form. Hard copies and emailed applications will not be accepted.

Eligibility

Trainees: You must currently be an RACP trainee **actively training** in any of the College Divisions, Faculties or Chapters. **New Fellows:** You must have been admitted to Fellowship on or after 1 July 2025 **AND** currently be undertaking formal [Post-Fellowship training](#) with the RACP. **Interruption of Training:** An applicant on a formal Interruption of Training may be accepted, provided that the Interruption does not exceed 12 continuous months at the time of application.

Note: [Overseas Trained Physicians](#) undertaking RACP training are not eligible to apply.

Abstract

Your work/project must either be unpublished or have been published on or after 1 July 2025.

Submission Type

Select the category that best aligns with your topic, which may not necessarily be your training specialty. *For example, if your research involves pregnancy, select Adult Medicine if it focuses on the mother, or Paediatric Medicine if it focuses on the baby.*

Jurisdiction

You must select the jurisdiction that you will be residing in at the time of the local events. These are generally held between October and December.

Enquiries

For questions relating to award eligibility and application requirements, contact Foundation@racp.edu.au.

For questions relating to jurisdictional presentations, contact your local office:

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- New South Wales / Australian Capital Territory - RACPNSW@racp.edu.au
- Victoria - RACPVic@racp.edu.au
- Queensland - RACPQLD@racp.edu.au
- Western Australia - RACPWA@racp.edu.au
- South Australia - RACPSA@racp.edu.au
- Tasmania - TAS@racp.edu.au
- Northern Territory - RACPNT@racp.edu.au
- Aotearoa New Zealand - racp@racp.org.nz

Application details

* indicates a required field

Applicant Details

Full name *

Title	First Name	Last Name

MIN *

Email Address *

Must be an email address.

Mobile Phone Number *

Residential Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Gender *

☐ Man or Male ☐ Woman or Female ☐ Prefer not to say ☐ Other:

If self-described, please type in under "Other".

Membership Status *

Date Fellowship received *

Must be a date.

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Division / Faculty / Chapter *

Specialty

Submission details

Topic category *

- ☐ Adult Medicine
☐ Paediatric Medicine

Select the category based on the topic of your abstract and not based on your specialty or affiliation.

Jurisdiction *

You MUST select the region where you will be residing at the time of the regional events, which will be held between September and December this year.

Abstract title *

Has this work been published? *

- ☐ Yes ☐ No

Date published *

Must be a date.

Upload your abstract *

Attach a file:

Refer to the [abstract guidelines](#) when preparing your abstract. Abstracts that do not adhere to the guidelines will not be accepted. File name should not exceed 50 characters.

What has been your contribution to the research? Please enter a percentage. *

Minimum 50%

Please enter the details for your project supervisor. If you are the lead on the project, please provide contact details for your training supervisor.

Supervisor *

Title

First Name

Last Name

Supervisor's email address *

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Must be an email address.

How did you find out about the RACP Trainee Research Awards?

Other:

I have read the award terms and conditions for awards and prizes valued up to \$5000 and agree to abide by them. *

☐ Yes

Read the [terms and conditions for awards and prizes valued up to \\$5000](#).

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. *

☐ Yes

I have complied with the requirements of the Academic Integrity in Training Policy. *

☐ Yes

Read the [Academic Integrity in Training Policy](#).

I have been granted all appropriate consents and approvals to the use of information contained within the abstract from any third party, including patients where required. *

☐ Yes

Where relevant, I have received appropriate ethical clearances in line with the National Statement on Ethical Conduct in Human Research. *

☐ Yes

I agree to the publication of my name, position title, employer or company name, and the title of my abstract for the purposes of the promotion and administration of the competition. *

☐ Yes

Signed by *

Type full legal name including title