| **PART C** | **Declarations** |
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| **Applicant Declarations**  |
| **Application Closing Date** | All application documentation should be submitted to: training@acrrm.org.au |
| **Applicant Declaration – Part A** | Application for an Academic Post**Statements**I understand that the ACRRM Academic Post assessment panel will determine my application’s suitability for a funded position. I have discussed my research proposal and learning objectives with my medical educator at and nominated university academic supervisor. I understand my medical educator and ACRRM will continue to monitor and support my training term and may provide advice or input during my training term. I declare the information provided by me in this application is true and correct.  |
| *Name* |  |
| *Signature* |  |
| *Date* |  |
| **Applicant Declaration – Part B** | Application for Registrar Research Funding**Statements**I understand the grant funding applied for will be assessed by ACRRM, and that funding applied for may not be granted. I declare the information provided by me in this application is true and correct.  |
| *Name* |  |
| *Signature* |  |
| *Date* |  |
| Please ensure the Medical Educator and Supervisor declarations are also complete.  |

| **PART C** | **Declarations** |
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| **Medical Educator Declarations**  |
| **Preamble** | Application for an Academic PostThe ACRRM Academic Post assessment panel will determine the application’s suitability for a funded position. Registrar Research Fund applications will be assessed and allocated by ACRRM. |
| **Medical Educator Declaration – Part A****(Up to 200 words each question)** | I confirm that the registrar has completed their first Primary Rural and Remote Training term: **Yes** [ ]   |
| The registrar will undertake their academic post as:[ ]  Advanced Specialised Training in Academic medicine [ ] Primary Rural and Remote Training  |
| Please provide a reference outlining the university supervisor’s suitability to manage this research project. |
|  |
| Please comment on the suitability of the proposal in meeting the registrar’s development needs as per their learning plan:  |
|  |
| A medical educator from the RTO will review the Academic Post progress reports against the registrar’s learning plan: **Yes** [ ]  No |
| The medical educator contact for this academic post is:  |
| *Name* |  |
| *Email* |  |
| *Telephone* |  |
|  | **Statements**I have discussed and reviewed this proposal with the applicant and approve this application for a training term. I have been in contact with the registrar’s university supervisor and am aware of who to speak to regarding matters of academic supervision for the duration of this post. I declare that the information provided by me in this application is true and correct. |
| *Name* |  |
| *Signature* |  |
| *Date* |  |
| Please ensure the Applicant and Supervisor declarations are also complete.  |

| **PART C** | **Declarations** |
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| **University Supervisor Declarations**  |
| **Preamble** | Application for an Academic PostGuidance, mentorship, and feedback are a vital part of the supervisory role for academic posts. It is expected that the university supervisor plays an active role in the application process by discussing the registrar’s needs and assisting the registrar to plan the placement, as well as support the registrar throughout their post.  |
| **University Supervisor Declaration – Part A****(Up to 200 words each question)** | Do you agree with the **aims and expected outcomes of the research proposal?** Please describe how the outcomes will be beneficial. |
|  |
| How will the university assist the registrar to achieve their learning outcomes? Please include information on the departmental and professional development activities that the registrar will be able to access during their term: |
|  |
| Please provide an **indicative supervisory plan** below. This should describe how you will provide supervisory support for the duties and activities outlined in the plan, including hours of planned supervision per week: |
|  |
|  | **Statements**I have discussed and reviewed the proposal outlined in **Part A – Application for an Academic Post** with the applicant and agree to supervise the research and academic teaching of the registrar during their post. I am prepared to provide the supervisory support required for this registrar to successfully complete their research and their post. I have been in contact with the registrar’s medical educator and am aware of who to speak to regarding matters of training for the duration of this post. I understand that the university/rural clinical school is responsible for providing appropriate workplace facilities and support, and I will arrange for these to be set up for the registrar prior to the commencement of their post. Application for Registrar Research Funding**Statements**I have thoroughly assessed and endorse the budgeted expenditure outlined in **Part B – Application for Registrar Research Funding**. I am prepared to supervise this project and advise on the expenditure of the funds allocated. I declare that the information provided by me in this application is true and correct. |
| *Name* |  |
| *Signature* |  |
| *Date* |  |
| Please ensure the Medical Educator and Applicant declarations are also complete.  |