# APPLICATION FORM

**AUSTRALASIAN CHAPTER OF SEXUAL HEALTH MEDICINE**

**PENELOPE LOWE PRIZE**

**Applications close: Friday, 30 September 2023, 5pm AEST**

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

and email to Foundation@racp.edu.au with the subject “AChSHM Penelope Lowe 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:**

|  |  |
| --- | --- |
| MIN: |  |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Abstract Title: |  |
| Where did you hear about this prize? |  |

**Documentation Required:**

[ ]  Abstract submission, following the [abstract guidelines](https://www.racp.edu.au/about/foundation/abstract-guidelines/penelope-lowe-prize).

[ ]  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.**

Signature:

Date: