**2025 APA Grants Review Committee**

**Application Form**

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| **Name** |  |
| **Email** |  |
| **APA member ID** |  |
| **AHPRA registration number (if applicable)** |  |
| **ORCID ID** |  |
| **Research area(s)** |  |

**Please include a brief resume (maximum of 5 pages) with your application.**

**Question 1**

Please provide a brief summary of your professional background (maximum of 300 words).

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**Question 2**

Please provide a brief statement about your research track record.  Please include any career disruptions (e.g. parental or carer leave or other major illness/injury) and other issues that impact on your research track record (maximum of 300 words).

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**Question 3**

Please describe how your experience and/or expertise will contribute to the review / assessment of research applications (maximum of 300 words).

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**Question 4**

Please provide a brief statement outlining why you would be a suitable appointment to the APA Grants Review Committee (maximum of 200 words).

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**Certification**

I certify that to the best of my knowledge the details provided in this application and in any supporting documentation are true and complete.

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| **Name of Applicant**  **(please print)** | **Signature** | **Date** |
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**Please include a brief resume (maximum of 5 pages) with your application.**

**Applications close Sunday 25 August 2024**

Please email your application to

[jenine.fleming@australian.physio](about:blank)