**2025 APA Grants Review Committee**

**Application Form**

|  |  |
| --- | --- |
| **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).

|  |
| --- |
|  |

**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).

|  |
| --- |
|  |

**Question 3**

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

|  |
| --- |
|  |

**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).

|  |
| --- |
|   |

**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.

|  |  |  |
| --- | --- | --- |
| **Name of Applicant** **(please print)** | **Signature**  | **Date** |
|  |  |  |

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

**Applications close Friday 11 October 2024**

Please email your application to

jenine.fleming@australian.physio