

## **2025 APA Grants Review Committee**

## **Application Form**

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.				
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Question 1				
Please provide a brief summa	ry of your professional background (maximum of 300 words).			



## Question 2

disruptions (e.g. your research tr	. parental or carer leave or oth rack record (maximum of 300 v	esearch track record. Please include an er major illness/injury) and other issues words).	that impact on
Question 3			
	e how your experience and/or e	expertise will contribute to the review / a	ssessment of
research applica	ations (maximum of 300 words	s).	
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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.

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