Melbourne Medical School

2022 Publication Prize  
for Students and Early Career Researchers  
  
Student Application Form

1. Application form and process
   1. *Please read the Scheme Guidelines before completing this application form and ensure you are using the form for the correct prize category*
   2. Once completed and fully signed, applications together with all relevant attachments should be sent as a **single PDF file** to [mms-research@unimelb.edu.au](mailto:mms-research@unimelb.edu.au) by **11:59pm Monday 12 September 2022** using the following format to facilitate application administration: **SURNAME\_Firstname\_Student2022**
   3. Sections 1 and 2 of this form are used to ascertain eligibility of the applicant and the featured published work for this prize. Section 3 content will be assessed in line with prize criteria
   4. All sections of this form are mandatory unless otherwise stated
   5. Please direct any enquiries to the MMS Research Support Team[mms-research@unimelb.edu.au](mailto:mms-research@unimelb.edu.au)

1. Applicant Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Student no.** |  | | |
| **Given Name(s)** |  | **Family name** |  | | |
| **Affiliated MMS Department** | | Choose an item. | | | |
| **Email Address** |  | | | **Telephone** |  |
| **Are you currently enrolled in an eligible course, or have you submitted your thesis for examination?** | | | | Currently enrolled  Thesis under examination | |
| **Name of Course** | | | | Choose an item. | |
| **Researcher category** For the purposes of this scheme, a clinician researcher is defined as someone who is registered with AHPRA at the time of submission. | | | | Basic researcher  Clinician researcher | |

2. Publication Details

|  |  |
| --- | --- |
| **Is the Article Published, or Accepted for Publication / In Press?** | PUBLISHED  ACCEPTED FOR PUBLICATION / IN PRESS \*  \* Attach evidence of the acceptance of your article for publication, including the date of acceptance |
| **What is the date of publication (or acceptance, for articles in press)?** | (DD/MM/YYYY) |
| **Have you attached the final published version of your journal article, or the version that has been accepted for publication and is currently *in press*?** | YES |
| **Complete citation of published research:** | |
| **What is your listed UoM affiliation in this publication?** | |

3. Research Significance and Impact

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| --- |
| **Research Quality and Innovation**  In lay terms, summarise how this published work, relative to the research field, developed or used novel research concepts, approaches, methodologies, or refined/improved/applied existing approaches in a new way.  Please ensure that your role in the work is clearly articulated in this section.  **(50% of assessment, 300 words max)** |
|  |
| **Significance and impact** In lay terms, explain the significance and impact (actual or potential future impact) of the published work as the extent to which the outcomes and outputs will and/or have resulted in advancements to the research or health area. Significance in this context does not refer to the prevalence of disease or magnitude of the issue. Your response should be accessible to a diverse audience and as such research performance metrics should not be included in this section. **(50% of assessment, 300 words max)** |
|  |

4. Applicant declaration and endorsement

**Applicant Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| Successful applicants will be expected to deliver a short presentation (5-10 mins) on their published research at the Melbourne Medical School’s Research Symposium in November. This will be an on-campus event in Parkville. Will you be able to deliver this presentation (can be pre-recorded if necessary)? | | | YES |
| I consent for the information disclosed in this application, including information regarding career interruptions, to be shared confidentially with members of the MMS Research Support team and an internal assessment committee as part of the assessment of this application for this prize. | | | YES |
| I declare that the information I have given in this application is true to the best of my knowledge, and I understand that any incorrect or misleading information may render my application ineligible. | | | YES |
| **Applicant Signature** |  | **Date** |  |