[](https://u1975523.ct.sendgrid.net/wf/click?upn=F4Jmxw89yOaF-2FrUaIZqlX7js0r91xAvgi4fKuHA-2Bp-2Fov4yrYDfDZ1QJVcIha-2BQLC_xXpU6HnpH7tCUYLv7L0uJQxr4xtOZoEqI2g-2BJm7zhgkU4w-2F05mZDEwUxTTtdgyrArOmmcZvBML7j6JXvXNQZOeAJEhTkFdvzxPod1LsbaFDXshHMo0zzcOQFAuqwEW1e1Ths1A9rCrYkT9HLsW8zkGbA8tsqHg0YmdBcCgdTQS5kujJ0XIpPV7m7HgJ6r3a254kpJhMz-2BKCn-2B2vTENnd1w-3D-3D)

**ARMS Training Fellow**

**Expression Of Interest Form**

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| **HOW TO SUBMIT YOUR Nomination:** |
| **Sections 1, 2, 3, 4, 5, 8, 9 & 10 are compulsory for all candidates.**  **Section 6 is also compulsory for candidates applying to deliver programs.**  **Section 7 is also compulsory for candidates applying to review programs.**  **Those candidates that are applying to deliver and review programs must fill in both sections 6 & 7.**  Any questions relating to the completion of this form can be directed to [ARMSAccreditation@researchmanagement.org.au](mailto:ARMSAccreditation@researchmanagement.org.au) or telephone +61 08 8201 5592.  A copy of a recent CV and the completed nomination forms must be scanned (and fully signed) and emailed to: [ARMSAccreditation@researchmanagement.org.au](mailto:ARMSAccreditation@researchmanagement.org.au). |

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| **SECTION 1: CHECK THE SECTION BELOW WHICH APPLIES TO YOUR EOI** | |
| Deliver Foundation Level Modules | |
| Review Foundation Level Modules | |
| Deliver Master Classes | |
| Review Master Classes | |
| Other | Click or tap here to enter text. |

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| **SECTION 2: PERSONAL DETAILS** | |
| Name: (title/Given Name/Surname): | Click or tap here to enter text. |
| Current Institution/Organisation: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Preferred Contact Phone Number: | Click or tap here to enter text. |
| Postal Address: | Click or tap here to enter text. |
| Length of ARMS Membership: | Click or tap here to enter text. |

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| **SECTION 3: NOMINEE’S HIGHEST QUALIFICATION** | | |
| Year Completed | Qualification Title | Organisation |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **SECTION 4: PREVIOUS POSITIONS HELD IN ARMS OR OTHER RELEVANT SOCIETIES *(including details of positions of institutional responsibility)*** | | | |
| Year Commenced | Year Completed | Position Title | Organisation |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **SECTION 5: CAREER SUMMARY *(Provide a short career summary which emphases your experience in research management – maximum one page)*** | | | |
| Click or tap here to enter text. | | | |

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| **SECTION 6: DETAILS OF PREVIOUS PRESENTATION EXPERIENCE *(maximum half page)*** |
| Click or tap here to enter text. |

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| **SECTION 7: DETAILS OF PREVIOUS EXPERIENCE REVIEWING COURSES *(maximum half page)*** |
| Click or tap here to enter text. |

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| **SECTION 8: PREVIOUS PRESENTATION EXPERIENCE**  **Please refer to the ARMS Website for further information on each module or master class.** | | | |
| Module | Indicate by √ which module(s) you wish to present | Indicate by √ which module(s) you wish to review | Provide examples of previous experience in presenting and or reviewing on this topic. |
| **1.1-Aus - online** |  |  | Click or tap here to enter text. |
| **1.1-NZ - online** |  |  | Click or tap here to enter text. |
| **1.1-Sing - online** |  |  | Click or tap here to enter text. |
| **1.2-Aus - online** |  |  | Click or tap here to enter text. |
| **1.2-NZ - online** |  |  | Click or tap here to enter text. |
| **1.2-Sing - online** |  |  | Click or tap here to enter text. |
| **1.3 - online** |  |  | Click or tap here to enter text. |
| **2.1** Pre-Award Grant Processes |  |  | Click or tap here to enter text. |
| **2.2** Post-Award Processes |  |  | Click or tap here to enter text. |
| **2.3** Research Finance |  |  | Click or tap here to enter text. |
| **2.4** Navigating Agreements |  |  | Click or tap here to enter text. |
| **3.1** Higher Degree by Research Scholarships |  |  | Click or tap here to enter text. |
| **3.2** Higher Degree by Research International Partnerships |  |  | Click or tap here to enter text. |
| **3.3** Higher Degree by Research Candidature Management |  |  | Click or tap here to enter text. |
| **3.4** Higher Degree by Research Admissions and Completions |  |  | Click or tap here to enter text. |
| **4.1** Research Ethics – Human and Animal |  |  | Click or tap here to enter text. |
| **4.2** Research Integrity |  |  | Click or tap here to enter text. |
| **5.1** Research Information and Reporting |  |  | Click or tap here to enter text. |
| **6.1 Working with Industry** |  |  | Click or tap here to enter text. |

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| **Master Class** | Indicate by √ which offering(s) you wish to present | Indicate by √ which offering(s) you wish to review | Provide examples of previous experience in presenting and or reviewing on this topic. |
| **Costing and Pricing of Research** |  |  | Click or tap here to enter text. |
| **Fundamentals of Project Management** |  |  | Click or tap here to enter text. |

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| **Other** | Indicate by √ which offering(s) you wish to present | Indicate by √ which offering(s) you wish to review | Provide examples of previous experience in presenting and or reviewing on this topic. |
| Click or tap here to enter text. |  |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  |  | Click or tap here to enter text. |

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| **SECTION 9: Referees: Provide details of up to two referees who can verify your demonstrated knowledge on the selected topic(s).** | | | |
| Full Name | Organisation | Contact Number(s) | Email |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **SECTION 10: Verification *I verify that the details provided in this nomination process are true and correct.*** | | |
| Full Name: | Signature | Date |
| Click or tap here to enter text. |  | Click or tap to enter a date. |