

**Advanced Level Accreditation Program (ALAP)**

**Application Form 2020**

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| **HOW TO SUBMIT YOUR APPLICATION:** |
| All questions on this form are **compulsory**.Any questions relating to the completion of this form can be directed to the ARMS Accreditation Program Administrator arms.adminofficer@flinders.edu.au.Please review ARMS Advanced Accreditation Program Prospectus 2020 when completing this form. Completed nomination forms must be filled in electronically and signed (an electronic signature is preferred) and converted into a PDF.Please use email subject heading of: ***ARMS Advanced Program Application\_[Last Name]\_[Institution/Organisation]*** when sending your completed nomination form and send to the ARMS Administration Officer at arms.adminofficer@flinders.edu.au.Once submitted, applications will be assessed by the ARMS Accreditation Council and you will subsequently be advised if you qualify for the program.**PLEASE NOTE: EVERY ENDEAVOUR WILL BE MADE TO OFFER PROGRAMS DESCRIBED IN THE ADVANCED LEVEL ACCREDITATION PROGRAM PROSPECTUS. HOWEVER, ARMS RESERVES THE RIGHT TO CANCEL OR POSTPONE DELIVERY AT ITS DISCRETION.** **Applications close 5PM AEDT 28 February 2020** |

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| **SECTION 1: APPLICANT DETAILS**  |
| **Name: (title/Given Name/Surname):**  |  |
| **Current Institution/Organisation:** |  |
| **State and/or country:**  |  |
| **Email Address:** |  |
| **Preferred Contact Phone Number:**  |  |
| **Postal Address:**  |  |
| **Length of Time in Research Management:**  |  |
| **Length of ARMS Membership:** |  |
| **Current Position Title:**  |  |
| **Provide a brief description (1 paragraph) of your current role:** |
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| **SECTION 2: PREVIOUS POSITIONS HELD:** |
| Position Title | Organisation | Year Held  |
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| **SECTION 3: NOMINEES HIGHEST QUALIFICATION:** |
| Year Completed | Qualification Title | Organisation  |
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| **SECTION 4: Participants in this program will be expected to have at least five years prior experience in research management or demonstrate an equivalent level of experience. The Advanced Level Accreditation Program is designed for those who have acquired knowledge relating to research management principles equivalent to at least the ARMS Foundation Level Accreditation Program. Please provide in no more than two A4 pages:**1. **A brief description of your background in research management highlighting knowledge and experience gained; and**
2. **What you expect to gain upon completing this program?**
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| **SECTION 5: ELECTIVES – Please identify which two electives you would prefer to undertake during the program. \*** |
| **Elective Selection – Note Electives are subject to change at the discretion of ARMS.**  | **Indicate Preference****Mark [x]** |
| **Advanced Clinical Research Management** |  |
| **Assessing the Societal Benefits of Research** |  |
| **Business Process Improvement in Research Management** |  |
| **Data Driven Research Improvement** |  |
| **Evidence based analysis of institutional research performance and return on investment** |  |
| **Development of Institutional Research Talent** |  |
| **Managing Complex Strategic Partnerships** |  |
| **Securing International Research Funding**  |  |
| \*Note: elective offerings are subject to change at the discretion of ARMS. |  |

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| **SECTION 6: Workplace Based Assignment - Participants will be expected to undertake a workplace based assignment in conjunction with this program.** This will be a substantial written piece of work which may focus on some aspect of workplace change, development and implementation of an institutional strategy etc. It will be agreed with the ARMS Accreditation Council prior to commencement and may comprise an individual project or a group project.**Please describe, in no more than 1 A4 page, the project you propose to undertake as your workplace based assignment.** |
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| **SECTION 7: Mentor - Participants will benefit from regular interaction with a mentor throughout this program. Please identify a person you would like as your mentor during the program. Note that this may be someone from your organisation, excluding your immediate supervisor or it may be someone from outside of your organisation.** **If you are unable to identify a mentor, the Accreditation Council will endeavour to identify a suitable person.**  |
| **Proposed Mentor [Title, Name]** | **Organisation/Position Held** | **Email Address** |
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| **Please explain in no more than two paragraphs why you regard this person as a suitable mentor?**  |
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| **SECTION 8: APPROVAL - Participants will be required to invest a significant amount of time towards the completion of this program (i.e. 90 hours content knowledge and an additional 90 hours for self-guided learning). To this end, it is important that the participant and her/his immediate report is aware of the level of commitment required to complete the program.**  |
| **Name of Applicant** | **Signature** |
|  | **Date:**  |
| **I have read the program prospectus and understand the commitments required by me to complete this program.**  |
| **Name of Immediate Report**  | **Signature** |
|  | **Date:**  |
| **I support my employee in undertaking this program.** **I am aware of the time commitments required by the participant to successfully complete this program and shall provide the necessary resources and time as required.**  |

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| **SECTION 9: Preferred location to meet for core 2.5 day face to face leadership workshop.** | **Rank 1 to 3 in order of preference.** |
| Sydney, NSW |  |
| Melbourne, VIC |  |
| Brisbane, QLD |  |