

**ESTABLISHED LEVEL ACCREDITATION PROGRAM**

**ANNEXURE A: STAGE 1: EXPRESSION OF INTEREST - PROPOSAL APPLICATION FORM**

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| **Instructions:**  |
| All questions on this form **are compulsory.**Any questions relating to the completion of this Proposal form can be directed to the ARMS Chief Operating Officer, Maria Zollo, email ARMSCOO@researchmanagement.org.au All completed Stage 1: Expression of Interest – Proposal Application Forms must be submitted in PDF to the ARMS Contact Person, ARMSAccreditation@researchmanagement.org.au by no later than 5 PM AEST on Friday, 12 August. Proposals must be a maximum of five **(*5), A4 pages***, including this Stage 1: Expression of Interest - Proposal Application Form. **PLEASE NOTE: If Tendering for more than one elective, you will be required to complete a separate Stage 1: Expression of Interest - Proposal Application Form for each elective.**  |

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| **SECTION 1: Applicant Details**  |
| **Details**  | **Please enter details below:**  |
| Applicant(s) name: (Title/Given Name/Surname): |  |
| Full Trading Name: |  |
| Email Address: |  |
| Preferred Contact Phone Number:  |  |
| Postal Address:  |  |
| Current ARMS Member? (yes/no) |  |
| Highest Qualifications of Applicant: |  |

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| **SECTION 2: Proposed title of Elective and brief description (300 words)**  |
| **Enter title here:**  |
| **Enter description below:**  |

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| **SECTION 3: Minimum of five years demonstrated specialist knowledge and expertise relevant to the development of this Elective (300 words).**  |
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| **SECTION 4: Previous experience developing and/or delivering workshops on this topic (200 words).** |
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| **SECTION 5: Provide a description of the post workshop assessment for participants (100 words).** |
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| **SECTION 6: A description of the understanding of the needs of the research management community (noting most participants will be drawn from across Australia, New Zealand and Singapore) and how the topic area will be tailored to this community (200 words).**  |
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| **SECTION 7: Details of past service to the ARMS community and/or expected future service to the ARMS community.** |
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| **SECTION 8: Referees: provide details of up to two referees who can verify your demonstrated knowledge on the selected work package.**  |
| Full name | Employment Position | Organisation | Contact Numbers | Email Address |
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| **SECTION 9: Verification: I verify that the details provided are true and correct.**  |
| Name: | Signature | Date |
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