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

**ARMS Training Fellows EOI Form**

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| **HOW TO SUBMIT YOUR Nomination:** |
| **All questions on this form are compulsory.**  Any questions relating to the completion of this form can be directed to [arms.adminofficer@flinders.edu.au](mailto:arms.adminofficer@flinders.edu.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: [arms.adminofficer@flinders.edu.au](mailto:arms.adminofficer@flinders.edu.au)  **EOIs are due Friday the 7th of May 2021** |

|  |  |
| --- | --- |
| **SECTION 1: PERSONAL DETAILS** | |
| Name: (title/Given Name/Surname): |  |
| Current Institution/Organisation: |  |
| Email Address: |  |
| Preferred Contact Phone Number: |  |
| Postal Address: |  |
| Length of ARMS Membership: |  |

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| **SECTION 2: NOMINEE’S HIGHEST QUALIFICATION** | | |
| Year Completed | Qualification Title | Organisation |
|  |  |  |

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| --- | --- | --- | --- |
| **SECTION 3: PREVIOUS POSITIONS HELD IN ARMS OR OTHER RELEVANT SOCIETIES *(including details of positions of institutional responsibility)*** | | | |
| Year Commenced | Year Completed | Position Title | Organisation |
|  |  |  |  |
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| **SECTION 4: CAREER SUMMARY *(Provide a short career summary which emphases your experience in research management – maximum one page)*** |
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| **SECTION 5: DETAILS OF PREVIOUS PRESENTATION EXPERIENCE *(maximum half page)*** |
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| **SECTION 6: PREVIOUS PRESENTATION EXPERIENCE**  **Please refer to the** [**ARMS Website**](https://www.researchmanagement.org.au/what-will-i-study) **for further information on each module.**  **Training Fellows are currently being called for delivery of the following modules only:** | | |
| Module | Indicate by √ which module(s) you wish to present | Provide examples of previous experience in presenting on this topic. |
| **2.1** Pre-Award Grant Processes |  |  |
| **2.2** Post-Award Grant Processes |  |  |
| **2.3** Research Finance |  |  |
| **3.1** Higher Degree by Research Scholarships |  |  |
| **3.2** Higher Degree by Research International Partnerships |  |  |
| **3.3** Higher Degree by Research Candidature Management |  |  |
| **3.4** Higher Degree by Research Admissions and Completions |  |  |
| **6.1 Working with Industry** |  |  |

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| **SECTION 7: Referees: Provide details of up to two referees who can verify your demonstrated knowledge on the selected topic(s).** | | | | |
| Full name |  |  | Contact Numbers | Email Address |
|  |  |  |  |  |
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| **SECTION 8: Verification *I verify that the details provided in this nomination process are true and correct.*** | | |
| Name: | Signature | Date |
|  |  |  |