

**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 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 **EOIs are due Friday the 7th of May 2021**  |

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| **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 |
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