



**AACBT**

AUSTRALIAN ASSOCIATION  
FOR COGNITIVE AND  
BEHAVIOUR THERAPY

## **THE TRACY GOODALL EARLY CAREER AWARD**

### **Award Information**

This award is named in memory of Tracy Goodall who was tragically killed on Friday March 5, 1993. Tracy was a well-known member of the AACBT (then the ABMA) and was Queensland State president during 1990 and 1991. She was also a very dear friend and colleague of many AACBT members and members of the World Congress Organising Committee.

The aim of the award is to provide encouragement for recent graduate researchers and clinicians in cognitive-behaviour research and therapy. The award is to recognise research or clinical innovation that has made an outstanding contribution to this field in Australia. No award will be made if the quality of applicants is deemed inadequate by the selection committee.

To qualify for consideration:

- You must have completed your first postgraduate qualification, either Masters or PhD within the past 5 years. While applicants are still eligible for consideration on the basis of having an undergraduate qualification alone, it is anticipated that successful applicants will have higher degrees.
- There is no upper age limit stipulated.
- You must be a full financial member of the AACBT at the time of application.
- You must not be a current member of the AACBT Awards Selection Committee.
- You may apply as many times as you wish as long as the criteria for application are met.

The award and related responsibilities:

- The award is composed of \$2,000, to be used for travel to the AACBT Ltd. National Conference in the year of the award.
- It is a condition of the award that a "Tracy Goodall Early Career Award Address" is presented at the AACBT Ltd. National Conference in the year of the award. As no AACBT Ltd. National Conference is being held in 2016, the award winner is required to present their address at the AACBT Ltd General Meeting and Awards Night. This will be held in Sydney on Friday the 4<sup>th</sup> of November, 2016 from 6-8.30pm. Location TBA.
- All travel, meals, accommodation, etc. costs are the responsibility of the award winner.

It is expected that:

- Remaining funds, not spent on attending the AACBT Ltd AGM/Awards Night will be used for other CBT related activities including conference travel, research or clinical expenses



# AACBT

AUSTRALIAN ASSOCIATION  
FOR COGNITIVE AND  
BEHAVIOUR THERAPY

Address all questions and correspondence to:

Professor Leanne Hides

Email: [info@aacbt.org](mailto:info@aacbt.org)

Mobile: 0406 185 750

**CLOSING DATE FOR APPLICATIONS IS 30<sup>th</sup> September 2016.**

## APPLICATION FORM – 2016

### SECTION 1: Personal Information

Name: \_\_\_\_\_  
(Title) (Given Names) (Surname)

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION 2: Universities attended and academic qualifications gained- with dates** (Please enclose originals or certified copies of academic transcripts)

**SECTION 3: Please attach a Curriculum Vitae of no more than two pages.** This should include an employment history, a summary of your research or clinical work, workshops and presentations and other key achievements.

**SECTION 4: Please attach copies of three key papers published or in press.**

Clinical materials such as treatment manuals, assessment tools, training resources can also be included. Only THREE pieces of work will be considered when examining the application. This work needs to be primarily your own responsibility (e.g., should generally have first authorship). It can be material undertaken towards a higher degree.

**SECTION 5: Referees**

**Please give the names and addresses of three referees who can be approached by the AACBT.** Referees should be able to comment authoritatively on the of the applicant's academic qualifications and employment history.

**Referee 1:**

**Name:** \_\_\_\_\_  
(Title) (Given Names) (Surname)

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Referee 2:**

**Name:** \_\_\_\_\_  
(Title) (Given Names) (Surname)

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Referee 3:**

**Name:** \_\_\_\_\_  
(Title) (Given Names) (Surname)

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SECTION 6: Declaration**

I declare that:

- All of the above information is accurate.
- I am the person primarily responsible for the materials included in Section 3
- I have contributed significantly to all work outlined in Section 4.
- I accept that the decision of the Award Selection Committee is final.
- I am a financial member of AACBT Ltd.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 7: Lodgement**

Please email your complete application form to: [info@aacbt.org](mailto:info@aacbt.org)

**Closing Date: 30<sup>th</sup> September 2016.**