

Expression of Interest - 12 Weeks to Publication

To enable this electronic form, you must first **SAVE** it then **REOPEN** as a PDF file (it will not function properly when used in a browser window).

To join the 12 Weeks to Publication program please submit an EOI before Friday 25 February 2023. The form includes a brief biography (50 words or less) and an outline of your proposed manuscript (100 words or less).

1. Applicant Details

| | | | |
|------------------|----------------------|-------------------------|----------------------|
| Full Name | <input type="text"/> | Staff/Student ID | <input type="text"/> |
| Email | <input type="text"/> | Academic Level <select> | <input type="text"/> |
| Faculty <select> | <input type="text"/> | School/Research Centre | <input type="text"/> |

2. Statement of Interest in the 12 Weeks to Publication Program

Draft journal title:

Journal quartile ranking: Target journal:

Your short biography: (50 words or less):

Please provide an outline of your manuscript: (100 words or less)

1) A DRAFT MANUSCRIPT / MANUSCRIPT REQUIRING REVISION that you have entitlement to **OR** 2) A summary of the RESULTS / FINDINGS from your own research **OR** 3) An outline of your METHODS (proposed or used) **OR** 4) An outline of your REVIEW OF LITERATURE **OR** 5) The WHO, WHAT, WHERE, WHEN and HOW of the manuscript that you are planning to submit

I confirm that I can commit to attend the full 12 Weeks to Publication program, including an hour of reading and preparation, two hours of group work on Zoom and an hour or two of manuscript writing each week.

I have read the 12 Weeks to Publication program information on the [website](#).

| | | | | | |
|------|----------------------|-----------|----------------------|-------|----------------------|
| Name | <input type="text"/> | Signature | <input type="text"/> | Date: | <input type="text"/> |
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PRINCIPAL SUPERVISOR/HEAD OF SCHOOL/CENTRE DIRECTOR

I recommend and support the applicant to successfully complete this program.
If Yes, please explain why you are recommending this applicant.

Yes No

Comments:

| | | | | | |
|------|----------------------|-----------|----------------------|-------|----------------------|
| Name | <input type="text"/> | Signature | <input type="text"/> | Date: | <input type="text"/> |
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