2024 MARY OVERTON & RAH EARLY CAREER FELLOWSHIP

**APPLICATIONS CLOSE: 4pm Monday 28 August 2023**

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| Application  |
| 1. **Applicant Details**
 |
| **Name (full):** | **Click here to enter Name.** |
| **Work Address:** | Enter address. |
| **Telephone:** (work) | Enter phone no. |
| **Telephone:** (mobile) | Enter phone no. |
| **Email:** | Enter email. |
| **Position:** | Enter position. |
| **Current Employer:** (if applicable) | Enter employer. |
| **Department:** | Enter Dept. |
| **Australian Citizen or Permanent Residency:** | Yes [ ]  No [ ]   Click here to specify | justify. |
|  | \* If applying as a Permanent Resident you must provide a copy of your Letter of Confirmation. |
|  |  |
| 1. **Project Title**
 |
| Enter Project title. |
|  |
| 1. **Lay Summary**
 | **(300 words Max)** |
| Click here to enter text. |
|  |
| 1. **Academic Qualifications**
 |
| Click here to enter text. |
|  |
| 1. **Project Details**
 |
| **Proposed Appointment:** Click here to enter text. |
| **Proposed Host Institution / Department project being carried out:** Click here to enter text. |
| **What part of the study is being conducted at the RAH (give details)?** Click here to enter text. |
| **Where else will this study be conducted?** (Please tick those applicable) |
| [ ]  SAHMRI | [ ]  UNISA (HIB) | [ ]  University of Adelaide (AHMS) | [ ]  SA Pathology |
| [ ]  Other: | Click here to enter text. |
| **Who owns the project / protocol (Intellectual Property)?** Click here to enter text. |

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| 1. **Supervisor Details**
 |
| Name: | Click here to enter text. |
| Department: | Click here to enter text. |
| Address: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Email: | Click here to enter text. |
| Peer-Reviewed Grant Funding over the Past 5 Years (1/2 Page maximum) |
| Click here to enter text. |
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| 1. **Referees**
 |
| It is the responsibility of the applicant to ensure the Referee Reports are received by the CALHN Research Office by the closing date. Please list your two referees below. |
| **Full Name:** | **Position | Institution:** | **Phone:** | **Email:** | **Rpt. Att.** |
| 1. Enter Full Name
 | Enter Full Name | Phone no. | Enter email. |[ ]
| 1. Enter Full Name
 | Enter Full Name | Phone no. | Enter email. |[ ]
|  |
| 1. **Application for other Research Support Currently Pending**
 |
| *List all other applications for this project noting; funding agency, project title, and funds requested. If there are no other applications for this project, please advise why this application is only being made for funds through the RAH Research Committee.*Click here to enter text. |
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| 1. **Current Research Support**
 |
| *List current research support funding for each applicant giving the project title, value of support per annum and the source of funding.*Click here to enter text. |
|  |
| 1. **Relationship of this Application to other Funding**
 |
| *Specify why existing support cannot be utilised to support the research proposed in this application.*Click here to enter text. |
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| 1. **Compliance Approvals**
 |
| NB: All projects require current ethics specific to the project.  |
| Ethics approval required: Yes [ ]  No [ ]  | **Human** [ ]  and/or **Animal** [ ] Other: Click here to enter text. |
| If No, please justify: Click here to enter text. |
| Genetic Manipulation: Yes [ ]  No [ ]  |  |
| Ethics application submitted (awaiting approval) : [ ]  CAHN Ref: Click here to enter text. |
| Ethics to be submitted: ☐ Date: Click here to enter text. |
| Project has existing ethics approval: ☐ |
| *If using existing/current ethics approvals, please provided confirmation from the relevant ethics committee that this new project proposal covered under the current HREC or AEC approval and attach the relevant approval letters.* |
| **Ethics / Governance Reference Number(s):** *Approval letters Attached:* Yes [ ]  No [ ]  N/A [ ]   |
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| Q or R No.Click here to enter text.  | **HREC Ref:**Click here to enter text. | SSA Ref:Click here to enter text. | MYIP:Click here to enter text. |

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| 1. **Certification Statement**
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| *A letter from the RAH Department/Division Head certifying that appropriate general facilities will be available to the investigator if successful and that the project will be carried out strictly in accordance with NHMRC Ethical and Scientific Practice Guidelines. This may be included within the application or attached as a supporting document.* |
| Head of Department Name: | Click here to enter text. |
| ☐ Letter Attached  |  |

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| 1. **Scientific Reviewers**
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| *Nominate a minimum of three external scientific reviewers who are competent to review this application.* |
| **Full Name:** | **Position:** | **Phone:** | **Email:** |
|  | Enter Name. | Enter Position. | Enter Phone | Enter Email address |
|  | Enter Name. | Enter Position. | Enter Phone | Enter Email address |
|  | Enter Name. | Enter Position. | Enter Phone | Enter Email address |
|  | Enter Name. | Enter Position. | Enter Phone | Enter Email address |

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| Research Proposal |
| 1. **Background and Research Plan**
 | **(five pages maximum)** |
| *This section should include; literature review, aims and objectives, hypotheses, experimental design, outcomes, a clear definition of study end points, statistical methods to be used, power calculations and an explanation of the relationship of the study to the applicants’ longer-term research agenda.*Click here to enter text. |
|  |  |
| 1. **References**
 | **(Asterisk up to 6 key references - 1 page maximum)** |
| Click here to enter text. |
|  |  |
| 1. **Benefit and evidence of link to the RAH**
 | **(300 words maximum)** |
| Click here to enter text. |

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| Previous Research Activity and Achievements |
| 1. **Curriculum Vitae**
 | **(four pages maximum)** |
| *CV to include academic qualifications, teaching experience, professional experience, prizes and awards, publication history (maximum of 8 most relevant recent publications - no abstracts), presentations etc.* |
| ☐ Attached |
|  |
| 1. **Previous Research Support**
 | **(one page maximum)** |
| *List research support funding for the last four years giving the project title, value of support per annum and the source of funding.*Click here to enter text. |
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#### For more information

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| CALHN Research Services | Level 3, Roma Mitchel House |
| T: (08) 7117 2217 | 136 North Terrace |
| E: Health.CALHNResearchGrants@sa.gov.au  | ADELAIDE SA 5000 |
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