2024 DAWES SCHOLARSHIP | Full and Top-Up

# Grant Proposal

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| Application: [CIA Surname: Click here to enter text.] |

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| Please Choose (can be both) | FULL  | TOP-UP |
| Applicant Details  |  |  | | --- | --- | | **Name:** | **Click here to enter Name.** | | **Work Address:** | Click here to enter text. | | **Telephone:** (work) | Click here to enter text. | | **Telephone:** (mobile) | Click here to enter text. | | **Email:** | Click here to enter text. | | **Position:** | Click here to enter text. | | **Current Employer:**  (if applicable) | Click here to enter text. | | **University:** | Click here to enter text. | | **Department:** | Click here to enter text. | | **Australian Citizen or Permanent Resident:** | Yes  No  Click here to enter text.  *If you are applying as a Permanent Resident, please provide your confirmation letter.* | | |

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| Curriculum Vitae (CV) |  |
| Please provide a full CV (either by attaching it at the end of the application form or providing details below) and the following criteria:Qualifications (including year of passing final year examination, if medical graduate)  * **Publications / Presentations**  Academic records - Please attach photocopies of undergraduate and postgraduate recordAwards / PrizesPostgraduate experience (brief summary – 300 words maximum) | |

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| Proposed Course and Institution | | | |
| 1. **In which higher degree do you intend to enrol?** | | | |
| Click here to enter text. | | | |
| 1. **Name of Institution in which you intend to enrol or are already enrolled in?** | | | |
| Click here to enter text. | | | |
| 1. **How long to you intend to hold the Scholarship?** | | | |
| Click here to enter text. | | | |
| 1. **If you have already commenced a high degree program, please state the date in which you commenced and current end date.** | | | |
| Commencement date: | | Click here to enter a date. | |
| End date: | | Click here to enter a date. | |
| 1. **What are the dates of your candidature?** | | | |
| Commencement date: | | Click here to enter a date. | |
| End date: | | Click here to enter a date. | |

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| Proposed Supervisor(s) Details  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Name:** | Click here to enter Name |  | **Name:** | Click here to enter Name | |  | **Department:** | Click here to enter text. |  | **Department:** | Click here to enter text. | |  | **Position:** | Click here to enter text. |  | **Position:** | Click here to enter text. | |  | **Institution:** | Click here to enter text. |  | **Institution:** | Click here to enter text. | |  | **Telephone:** | Click here to enter text. |  | **Telephone:** | Click here to enter text. | |  | **Email:** | Click here to enter email |  | **Email:** | Click here to enter email | |

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| Project Details **RAH Department where research is to be conducted:** Click here to enter text.  **Proposed benefit to the RAH:** Click here to enter text.   |  | | --- | | **Where else will this study be conducted?** (Please tick those applicable)  SAHMRI University of Adelaide (AHMS) UNISA (HIB) SA Pathology  Other: Click here to enter text. |  **Who owns the project / protocol (Intellectual Property)?**  Click here to enter text. |

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| Previous Research Support Click here to enter text. |

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| HonoursDetails only need to be provided if, at the time of application you are completing Honours year.  |  |  | | --- | --- | | **SUPERVISOR** Name: Click here to enter text.  Department: Click here to enter text.  Institution: Click here to enter text.  Current Position (designation and Tenure):  Click here to enter text. | **COORDINATOR**  Name: Click here to enter text.  Email: Click here to enter text.  Telephone: Click here to enter text. | |

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| Proposed Project |

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| Title of Proposed Project |
| Click here to enter text. |

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| LAY SUMMARY | (300 Words maximum) |
| Click here to enter text. | |

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| BACKGROUND AND RESEARCH PLAN | (3 page maximum) |
| Include a review of the current literature, a statement of hypothesis and a research plan including referencesClick here to enter text. | |

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| COMPLIANCE APPROVALS |
| NB: All projects require current ethics specific to the project. |
| |  |  | | --- | --- | | Ethics Approval required: Yes  No | Human  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: enter a date. |
| 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 |
| |  |  |  |  | | --- | --- | --- | --- | | **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. | |

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

Enclosed:

CV

Academic Record – Photocopy of undergraduate and postgraduate transcripts(s).

Certification Letter from Department Head

Proposed Supervisors Report

Honours Supervisors Report (if applicable)

#### 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](mailto:Health.CALHNResearchGrants@sa.gov.au) | ADELAIDE SA 5000 |
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