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

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| **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.**
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| Commencement date:  | Click here to enter a date. |
| End date: | Click here to enter a date. |
| 1. **What are the dates of your candidature?**
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| Commencement date:  | Click here to enter a date. |
| End date: | Click here to enter a date. |

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| Proposed Supervisor(s) Details

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|  | **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.

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| **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 SupportClick here to enter text. |

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| Honours Details only need to be provided if, at the time of application you are completing Honours year.

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| **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 references Click here to enter text. |

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| COMPLIANCE APPROVALS  |
| NB: All projects require current ethics specific to the project. |
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| Ethics Approval required: Yes [ ]  No [ ]  | Human [ ]  or Animal [ ] Other: Click here to enter text. |

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| 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 [ ]  |
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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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**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

|  |  |
| --- | --- |
| 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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