RAH RESEARCH COMMITTEE

2022 HONOURS SCHOLARSHIP

# Application Form

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| Applicant’s surname: *Enter Surname.* |

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| 1. **Applicant Details**
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| **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. |
| **University:** | Enter Uni. | **Department / Laboratory:** | 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 |

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| 1. **Project Title**
 |
| Enter Project title. |
| 1. **Proposed Supervisor’s Details**
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| --- | --- |
| **Name:** | Enter Name |
| **Department:** | Click to enter Dept. |
| **Position:** | Click to enter Position. |
| **Institution:** | Click to enter Institution. |
| **Telephone:** | Click to enter Telephone. |
| **Email:** | Click to enter email |

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| 1. **Supervisor’s Publications (Last 3 years)**
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| Click to enter supervisor’s publications. |
| 1. **Supervisor’s External Peer-Reviewed Funding** (past and present)
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| Click here to enter funding. |
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| 1. **Brief Description of Research Project (1 page maximum)**
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| **Lay Summary:**Enter lay summary. |
| **Aims:** Enter Aims. |
| **Hypotheses:** Enter Hypotheses. |
| **Background:** Enter Background. |
| **Experimental plan:**Enter Plan. |
| **References (no more than five cited):** Enter References. |
| 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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Enclosed:

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

[ ]  Head of Department letter of approval.

[ ]  Proposed Supervisors letter of approval and assessment.

**APPLICATIONS CLOSE: 4pm Monday 15 November 2021**

#### For more information

|  |  |
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| 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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