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**Crohn’s & Colitis Australia**

**Inflammatory Bowel Disease**

**PhD Scholarship**

Application Information

and Form

2023

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# SCHOLARSHIP INFORMATION

Crohn’s & Colitis Australia (CCA) is offering an IBD PhD Scholarship to the total value of $75,000 to commence in 2023.

## Purpose of Scholarship

The Crohn’s & Colitis Australia IBD PhD Scholarships are created to address the CCA strategic priority of building inflammatory bowel disease (IBD) research capacity in Australia whilst we search for a cause or cure for IBD. The award is designed for candidates at an early stage in their careers, for example (but not confined to) graduates in any health care discipline or science who are seeking to pursue doctoral studies.

## Funding

The Scholarship makes a provision of $25,000 per annum for up to (3) years full-time. The grant totals $75,000 with funding commencing in 2023.

Eligible use of scholarship funds is limited to salary support only. Use of scholarship funds for project costs other than salary is ineligible.

## Eligibility

Prior to applying, please read, understand, and agree to all the requirements listed in the CCA IBD PhD Scholarship Application Information document.

To be eligible for the scholarship, the applicant must:

* be an Australian citizen or hold permanent Australian resident status;
* have completed degree or higher degree studies and be eligible for PhD candidature; and
* outline a research proposal that specifically applies to patients with IBD.
* Not hold another concurrent scholarship (other concurrent applications with no known outcome are acceptable)

Preference is given to proposals that align with the priority areas of CCA as listed below:

* Cause or cure
* Diagnosis
* Prevention
* Better disease management and improved wellbeing
* Epidemiology

However, the Scientific, Medical and Quality of Care (SMQOC) Advisory Committee reserves the right to evaluate each application on a case-by-case basis. The decision of the CCA board is final.

For more information on priority research areas identified by people living with IBD and health professionals please read CCA’s [IBD Research Priorities report](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/crohnsandcolitis.org.au/wp-content/uploads/2022/05/IBD-Research-Priorities-Report-2022.pdf).

## Application Process

### Timelines

* Applications open: Friday 2 September 2022
* Applications close: Friday 14 October 2022
* Academic referee reports due by: Friday 18 November 2022
* Notification to candidates: Friday 9 December 2022

### Enquires

* Phone: 1800 138 029 (option 0) or
* E-mail: ceo@crohnsandcolitis.org.au

### Submission of Applications

* E-mail: ceo@crohnsandcolitis.org.au
* Only a completed official application form will be accepted; and
* Late or incomplete applications will NOT be accepted.

# REQUIREMENTS FOR APPLICATIONS, CRITERIA FOR DECISION and REPORTING

## Applications

Applicants are required to complete the official application form. Your application, excluding the required supporting documentation, should not exceed a total of 15 pages. Please adhere to word number specifications if indicated.

Your application must be received by either post or e-mail no later than **14 October 2022**. **Late or incomplete applications will not be accepted.**

The application form requires the following information to be provided:

* Personal Details
* Academic Details
* Citizenship
* Health Professional Registration (if applicable)
* Other Scholarship Funding
* Research Experience
* Career Goals
* Publications
* Career – Chronology from Beginning of Tertiary Studies
* Research Project Details
* Confidential Academic Referees
* Supervisor
* Research Office Contacts
* Research Clearance Requirements
* Certification by Head of Department
* Certification by Head of Administering Institution
* Checklist of Application Requirements

### Confidential Academic Referee Reports

As part of your application, you are required to nominate two academic referees. Following the shortlisting process, CCA will contact the nominated referees for preferred candidates to obtain a confidential academic referee report. This report will be due to CCA by no later than **Friday 18 November 2022** for your application to progress for consideration. Your referees will be required to send these reports directly to CCA.

### Review Panel

Applications will be reviewed by an independent panel of assessors, selected by the SMQOC Advisory Committee. The panel shall make a recommendation to the CCA Board who will make the final decision.

### Reporting Requirement for Successful Scholarship Recipient

A requirement of the successful Scholarship recipient will be to provide the CCA Board with a concise summary of their progress in each calendar year of the scholarship tenure. Report forms will be provided by CCA.

Late or non-submission of these reports will result in stipend payments being withheld by CCA.

The CCA Board shall have the right to publish or use in such a manner as they see fit, any such report, in whole or in part, providing due acknowledgement of the source is made.

# APPLICATION FORM

**PERSONAL DETAILS**

**Full name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** [dd/mm/yyyy]

**ACADEMIC DETAILS**

***Current/Proposed***

**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Study:**  PhD

**Project name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrolment**  Enrolled – start date: [dd/mm/yyyy] / completion date: [dd/mm/yyyy]

**status:**  Pending – start date: [dd/mm/yyyy] / completion date: [dd/mm/yyyy]

Full time /  Part-time

**Requested scholarship tenure:**  1 year /  2 years /  3 years

*(Shorter period than 3 years will be applicable depending on the duration of the PhD enrolment prior to this application)*

**Previous Degree(s)**

Please provide details of qualifications, names of Institution and year of completion:

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**Academic Transcript**

Please attach your complete academic transcript/s.

**CITIZENSHIP**

Are you an Australian citizen  YES /  NO; or

Hold permanent Australian Resident status?  YES /  NO

(If yes, please attach evidence of residency status. Applications without this cannot be considered.

**HEALTH/PROFESSIONAL REGISTRATION**

Please attach proof of Australian health professional registration (if applicable), state of registration, registration number and expiry date.

**OTHER SCHOLARSHIP FUNDING**

Do you currently hold, or have you applied for another higher degree scholarship e.g. NHMRC Postgraduate Award, APA, GESA Scholarship, University Scholarship etc)   
***Yes***  ***No***

|  |  |  |
| --- | --- | --- |
| **Scholarship name** | **Value ($)** | **Outcome (Successful, unsuccessful or pending)** |
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**RESEARCH EXPERIENCE**

*Please detail any additional qualifications e.g. B.MedSci or MPH. (Where the applicant has completed a research-oriented/based degree, they should indicate the duration, electives, amount of research compared with coursework and whether it was full-time, part-time and/or concurrent with another degree.)*

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**CAREER GOALS**

*Please explain your career goals over the next 5 years and how this scholarship will help you achieve this.*

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**PUBLICATIONS**

*The Applicant’s publications should be listed as:*

*i. Refereed journal articles (indicate clearly whether published or in press)*

*ii. Other articles, reviews, book chapters, etc.*

*iii. Case reports*

*iv. Patents*

*v. Abstracts*

*vi. Conference presentations*

*vii. Career achievements and awards*

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**CAREER - CHRONOLOGY FROM BEGINNING OF TERTIARY STUDIES**

*Please list details of employment, study and positions held in chronological order, including date and institution. Also include clinical positions, further technical training, and current positions.*

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**RESEARCH PROJECT DETAILS**

*Please include following information: Plain language description of the project (50-75 words); Abstract of proposed project (in lay language: 250 words max.); How the project fits the CCA priority areas and its relevance and likely benefits to patients with inflammatory bowel disease); Ethical issues of the project (no more than 250 words); Details of proposed project (including background, hypotheses and aims, experimental plan, data analysis, and significance).*

*This section should not exceed three pages.*

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**Applicant name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIDENTIAL ACADEMIC REFEREES**

**Referee 1**

**Title:**  Professor /  Associate Professor /  Dr /  Mr /  Mrs /  Ms /  Other *(please specify)*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:**(\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referee 2**

**Title:**  Professor /  Associate Professor /  Dr /  Mr /  Mrs /  Ms /  Other *(please specify)*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Institution:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:**(\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SUPERVISOR**

**Title:**  Professor /  Associate Professor /  Dr /  Mr /  Mrs /  Ms /  Other *(please specify)*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Telephone:**(\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please comment on equipment, space, research assistance, expert support, and mentoring arrangements.*

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**Applicant name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESEARCH OFFICE CONTACT**

TITLE:  Dr /  Mr /  Mrs /  Ms /  Other *(please specify)*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:**(\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESEARCH CLEARANCE REQUIREMENTS**

All research undertaken under the auspices of this Scholarship must comply with all Institutional and legislative requirements with respect to human and animal ethics, gene technology, and workplace health and safety.

No award will be made until evidence is provided that all necessary clearances have been obtained.

Does this project:

* Include research involving humans? Yes  No
* Include research involving animals? Yes  No
* Involve organisms being genetically Yes  No

manipulated such that the research

falls under current Office of Gene

Technology regulator Guidelines?

* Involve the use of carcinogenic or Yes  No

highly toxic chemicals?

**Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Applicant Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Supervisor Date*

**Applicant name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CERTIFICATION BY HEAD OF DEPARTMENT (only for enrolled students)**

I certify that:

* the applicant is enrolled student of this Institution
* this Department has the facilities and funding to support this proposal; and
* I believe the person is a suitable Applicant for this scholarship.

Department Head Title and Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Signature of Department Head Date*

**CERTIFICATION BY HEAD OF FACULTY/ADMINISTERING INSTITUTION (must be completed by all applicants)**

I certify that should (use capital letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be awarded a Scholarship, this Institution will be willing to administer the grant on his/her behalf.

Title and Name of Head of Faculty/Administering Institution (please use capital letters):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Head of Administering Institution Date*

**Applicant name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECKLIST OF APPLICATION REQUIREMENTS**

This sheet must be completed and returned with application.

I have provided:

* Evidence of residency status Yes  No
* Certification of medical/professional registration in Australia Yes  No

(If applicable)

* Human ethics clearance (if applicable) Yes  No
* Animal ethics clearance (if applicable) Yes  No
* OGTR or RDNA clearance (if applicable) Yes  No
* Toxic chemicals/carcinogenic clearance and statement Yes  No

(If applicable)

* Details of two academic referees Yes  No
* Supervisor’s report Yes  No
* Academic transcript Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Applicant Date*