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**Crohn’s & Colitis Australia**

**Angela McAvoy AM Inflammatory Bowel Disease Fellowship**

Information, EOI and Application Form

2025

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# FELLOWSHIP INFORMATION

Crohn’s & Colitis Australia (CCA) is offering an Angela McAvoy AM IBD Fellowship to the total value of $250,000 over 2 years to commence in 2025.

## Purpose of Fellowship

In the 40th year of CCA and in recognition of the pioneering work of our founder, Angela McAvoy AM, CCA is offering a research fellowship to foster the development of an Inflammatory Bowel Disease (IBD) researcher in Australia.

The Angela McAvoy AM IBD Fellowship is offered to support an early post-doctoral researcher (within 8 years of PhD completion) in line with CCA’s Vision to build research capacity in Australia whilst we drive towards a cure and ultimately a future that is free of Crohn’s and Colitis. Fellowship funds are intended for salary support or research project costs.

## Eligibility

Prior to applying, please read, understand, and agree to all the requirements listed in the Angela McAvoy AM IBD Fellowship Information and Application Form.

To be eligible for the fellowship, the applicant must:

* be an Australian citizen or hold permanent Australian resident status,
* hold a higher research degree (e.g., PhD),
* be an early career researcher (within 8 years of PhD allowing for career disruption),
* outline an IBD research proposal, and
* not be holding a significant salary support grant and requesting further salary support through this grant.

Career disruption is a prolonged interruption to the ability to work due to pregnancy, illness/injury and/or carer responsibilities. Period of absence will be more than 90 days continuous absence and less than 5 years in total.

## Research Priority Areas

Preference will be given to proposals that address the Top 10 IBD Research Priorities identified by consumers and clinicians in CCA’s 2022 [IBD Research Priorities Report](https://crohnsandcolitis.org.au/advocacy/our-projects/research-priorities/) as listed below:

1. What are the risk factors for developing IBD (e.g. environmental factors, stress, insecticides, vaccines, antibiotics, glandular fever, removed appendix, susceptibility genes)?
2. How can microbiome (bacteria and other organisms) be modified to prevent IBD?
3. How can IBD be prevented (including those with a family history of IBD or genetic risk, and lifestyle factors, such as food and exercise)?
4. How can quality of life be improved for people with IBD (e.g. reduced visits to the toilet, coping with illness and psychological support)?
5. How can an individual’s response to specific IBD medications be predicted?
6. How can food cause or prevent IBD symptoms and/or improve IBD disease severity?
7. What are the potential short- and long-term health effects from taking different IBD medications?
8. What is the most effective treatment for maintaining remission in IBD?
9. What is the link between IBD and mental health and are people with IBD adequately screened for mental health conditions?
10. What is the cause of IBD flares and how can they be recognised and avoided?

Research into cause or cure of IBD is not excluded but only outstanding projects in areas of unmet need will be considered.

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.

## Funding

The Fellowship makes a provision of $125,000 per annum for (2) years. The grant totals $250,000 with funding commencing in 2025.

Eligible use of fellowship funds is limited to salary support and direct research project costs only.

## Applications

The application is a two stage process, Expression of Interest (EOI) the first assessment round, and Full Application, the second assessment round by invitation. Applicants are required to complete these official application forms. Your application, excluding the required supporting documentation, should not exceed the word or page limits specified on the forms.

EOI and Full Applications must be received by e-mail no later than the dates specified below in the Timelines section. **Late or incomplete applications will not be accepted.**

**Applications should be made by email to: ceo@crohnsandcolitis.org.au**

## 

## Timelines

* Applications open:  Wednesday 31 July 2024
* Expression of Interest submission due: Tuesday 3 September 2024
* Invitations to Full Application sent: Tuesday 10 September 2024
* Full application submission due: Sunday 13 October 2024
* Academic referee reports due by: Friday 1 November 2024
* Notification to candidates: Friday 15 December 2024

## Enquiries

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

## Confidential Academic Referee Reports

As part of your full 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. 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 CCA Scientific, Medical and Quality of Care Advisory Committee. The panel shall make a recommendation to the CCA Board who will make the final decision.

## Selection Criteria

Applications will be assessed according the following criteria:

1. The academic record and research achievement of the applicant (60%)

2. Research environment and supervisor (20%)

3. The research project (alignment with the Research Priority Areas, defined objectives, design, achievable, contribution to evidence base) (20%)

## Reporting Requirement for Successful Fellowship Recipient

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

Late or non-submission of these reports will result in 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.

# EOI APPLICATION FORM (First Assessment Round)

## Personal details

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

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

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

### Citizenship

Are you an Australian citizen YES /  NO; or

Hold permanent Australian Resident status?  YES /  NO

## Academic Details

Requested funding tenure: 1 year ($125,000) / 2 years (250,000)

### **Previous Degree(s**)

Please provide details of higher degree and other qualifications, names of institution and year of completion:

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

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### Are you Currently enrolled in any further education?

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

Type of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolment status:  Full time /  Part-time

Career disruption

Have you experienced any career disruption since PhD? ☐ YES / ☐ NO (you will need to detail this in second assessment round)

## The format of the EOI should be two A4 pages (3 pages including this page), 12 pt font, 2 cm margins and should briefly cover these sections in the following order:

* Project name
* Investigator Team (Chief Investigator and potential Associate Investigators)
* Background/rationale
* Study originality/innovation
* Alignment with Research Priority Areas
* Project aims/methodology
* Expected outcomes/significance/impact
* Budget request
* Provide a table summarising grants awarded in the last 3 years. Include grant title, role (e.g. CIA, CIB etc), amount of funding, years funded, amount of the grant funding allocated to the investigator if not the full grant amount.

The EOI must be a PDF file. It is permitted to include figures if there is space to include a clear legend or fully describe the figure in the text.

## Expression of Interest

### Project name

# FULL APPLICATION FORM (Second Assessment Round – by invitation)

## Personal details

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

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

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

## Project Summary

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

Please provide a plain language description of the project to be undertaken (50-75 words)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Academic Details

Requested funding tenure: 1 year ($125,000) /  2 years (250,000)

### **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.

Career disruption

Have you experienced any career disruption since PhD? ☐ YES / ☐ NO Please specify in table below.

|  |  |
| --- | --- |
| **Career disruption description** | **Period of disruption (provide dates)** |
|  |  |
|  |  |
|  |  |
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### Are you Currently enrolled in any further education?

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

Type of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Citizenship

Are you an Australian citizen  YES /  NO; or

Hold permanent Australian Resident status?  YES / NO (If yes, please attach evidence of residency)

## Health Professional Registration

Please attach proof of AHPRA or other professional body registration currency, where relevant to health professional role.

### Other Scholarship Funding

Do you currently hold a scholarship or salary support grant?

YES /  NO

*Please provide details of any concurrent scholarships for project or salary support*

|  |  |  |  |
| --- | --- | --- | --- |
| *Grant name and funder* | *Grant period* | *Purpose e.g. salary, equipment* | *Value* |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

## Research Experience

*Please detail any relevant qualifications e.g. PhD, B.MedSci or MPH. or relevant research experience. (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 fellowship will help you achieve this.*

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## Publications

1. List your Top 5 most relevant publications that relate to the proposed research including a description of the Impact on knowledge in the field and/or nature of the innovation and your role in the publication (100words max per publication)
2. List all other publications;
   * + Refereed journal articles (indicate clearly whether published or in press)
     + Other articles, reviews, book chapters, etc.
     + Case reports
     + Patents
     + Abstracts
     + Conference presentations
     + Career achievements and awards

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## Career – Chronology Post Initial Degree

*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

*Abstract of proposed project (in lay language: 250 words max.); How the project fits the CCA Research 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). Include a table with budgeted expenses for use of grant.*

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

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

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

### Referee 2

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

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

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

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

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

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

## Supervising Manager - Administering Institution (fundholding health service, university or, research institute)

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

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

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

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

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

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

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

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

|  |
| --- |
|  |

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

## Research Clearance Requirements

All research undertaken under the auspices of this Fellowship 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## 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 transcripts Yes  No

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*Signature of Applicant Date*