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**Crohn’s & Colitis Australia**

**Inflammatory Bowel Disease**

**PhD Scholarship**

Application Information

and Form

2026

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# SCHOLARSHIP INFORMATION

Crohn’s & Colitis Australia (CCA) is offering an IBD PhD Scholarship to the total value of $96,000 to commence in 2026.

## 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. Scholarship funds are intended for salary support.

## 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 people with IBD.
* Not hold another significant concurrent scholarship or salary support grant such as NHMRC Postgraduate Scholarship, Gastroenterological Society of Australia and Australian Research Council grants (concurrent grants for non- salary project costs are acceptable).

**CCA Research Priorities**

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 Scholarship makes a provision of $32,000 per annum for up to (3) years full-time. The grant totals $96,000 with funding commencing in 2026.

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

## Application Process

### Timelines

* Applications open: Friday 15 August 2025
* Applications close: Sunday 12 October 2025
* Academic referee reports due by: Friday 14 November 2025
* Notification to successful candidate: Friday 5 December 2025

### Enquires

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

### Submission of Applications

* E-mail to 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 e-mail no later than **Monday 9 October 2023**. 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 10 November 2023 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 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.

### 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

*(Reduced period of funding permitted for 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)

**HEALTH/PROFESSIONAL REGISTRATION**

Please attach proof of AHPRA or other professional body registration currency.

**OTHER SCHOLARSHIP FUNDING**

Do you currently hold a higher degree scholarship or salary support grant such as NHMRC Postgraduate Scholarship, Gastroenterological Society of Australia and Australian Research Council grants.?   
 ***No*** ***Yes (you are ineligible for this CCA scholarship)***

*(Concurrent applications with no known outcome do not exclude you from applying for this grant)*

*Please provide details of any lower value salary support grants (e.g. institutional top-up grants, or project grants (non-salary related)*

|  |  |  |
| --- | --- | --- |
| *Grant name and funder* | *Grant period* | *Value* |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**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**

Which CCA Research Priority/Priorities does this project address (Priority 1-10 or other, see Page 3)?

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

*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:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*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 (p.13) Yes  No
* Academic transcript Yes  No

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*Signature of Applicant Date*