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| APPLICATION FORM Muscular Dystrophy NSW PhD Scholarship |   |
| APPLICANT DETAILS  |
| Title  | Given Name | Surname | Gender | Date of Birth |
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| CITIZENSHIP |
| Of which country are you a citizen? |  |
| If you are not an Australian or New Zealand citizen, are you a permanent resident of Australia?Enter Yes or No |  |
| ***\*Please attach Proof of documentation for your citizenship status (e.g. Copy of passport, Australian Permanent Residency visa, Certificate of Evidence of Resident Status)*** |
| * 1. **APPLICANT CONTACT DETAILS**
 |
| Name (full name and title) |  |
| Postal Address |  |
| City/Suburb |  | State |  | Postcode |  |
| Work Telephone  |  | Mobile |  | Fax |  |
| Email |  |

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| 1.3. APPLICANT QUALIFICATIONS |
| Academic Qualifications |  |
| Conferring Institution and Date |  |

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| \*Please attach a copy of your academic record and curriculum vitae |
| 1.4 RESEARCH COMMITMENT |
| Time to be devoted in average hours per month to this project |  |
| Workload Comments (provide a brief description, if applicable, of other work (paid and unpaid) commitments which may impact on your work on this project |  |
| Anticipated absences from project (e.g. leave, courses, overseas trips etc) |  |
| 1.5 OTHER AWARDS |
| Do you currently hold an Australian Government Scholarship such as an Australian Postgraduate Award?  | YES/NO |
| Do you hold any other financial awards? | YES/NO |
| If you answered YES to either of the above 2 questions please indicate the award, the purpose of the award and the amount of funding |  |
| Do you intend to apply for any other scholarship, award or grant should you be the successful applicant for this PhD scholarship? | YES/NO |
| If yes, please provide details |  |
| 1.6 ENROLMENT |
| Are you currently enrolled for a PhD? | YES/NO |
| If yes, indicate the date you enrolled for the award |  |
| If yes, indicate the Institution at which you are enrolled |  |
| What is the title of your proposed PhD project? |  |
| Indicate postgraduate qualifications, if any |  |

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| 1. **PROJECT DETAILS**
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| **2.1 PROJECT TITLE - Scientific** |
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| **2.2. PROJECT TITLE - Simple** |
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| **2.3. Synopsis***Describe here, succinctly, the research project for which the scholarship is requested. Be clear and informative to enable others not working in your research field to understand your project. (Maximum ½ page)* |
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| **2.4 Detail of Project** |
|  2.4.1 Aims of Project: Tabulate the specific aims of the project. If hypotheses are to be tested, they should be stated here. |
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|  2.4.2 Background, Research Plan, Methods, Relevant ReferencesIn a maximum of **4** A4 pages, please describe the proposed project. Appropriate background context, research plan including methodology, expected outcomes and references should be provided.  |
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| 2.5 Impact on Living with Neuromuscular conditionsExplain how the results of your research will have an important positive impact on any of the following aspects of neuromuscular condition/s: causation, prevention, diagnosis, treatment, quality of life or another aspect. (Maximum ½ page) |
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| **2.6 Potential for application of findings***Explain how the research will be applied in the real world (over the short, medium or long term) to realise its benefits and to assist those living with a neuromuscular condition.**(Maximum ½ page)* |
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| **2.7 Impact of this scholarship on your career** |
|  2.7.1 Describe how this award would contribute to your future career aspirations *(Maximum ¼ page)* |
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|  2.7.2 Indicate how the research topic relates to your current and future professional pathway *(Maximum ¼ page)* |
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| **2.8** **Past experience which may contribute to your future career.***Describe any previous experience, work or personal, which you may help you in the conduct of this research and in your future career (e.g. community service, contact or work with those living with a disability, organisational capabilities, etc.). (Maximum ½ page)* |
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| 3. INSTITUTION and SUPERVISION DETAILS |
| 3.1 CONTACT DETAILS OF ADMINISTERING INSTITUTION |
| Name  |  |
| Department  |  |
| Supervisor for Project (Full name and title) |  |
| ABN |  |
| Postal Address |  |
| City/Suburb |  | State  |   | Postcode  |  |
| Telephone  |  | Fax |  |
| Name and email of relevant institutional contact |  |
| 3.2 ACTUAL INSTITUTION*If the institution at which the project will be conducted differs from the Administering Institution, please enter the contact details here*  |
| Name |  |
| Department |  |
| Courier Address |  |
| City/Suburb |  | State |  | Postcode |  |
| Postal Address |  |
| City/Suburb |  | State |  | Postcode |  |
| Telephone |  | Fax |  |
| Email of relevant institutional contact |  |

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| 3.3 PRIMARY SUPERVISOR |
| Name (full name and title) |  |
| Postal Address |  |
| City/Suburb |  | State |  | Postcode |  |
| Work Telephone  |  | Mobile |  | Fax |  |
| Email |  |
| **3.3.1 Qualifications of Primary Supervisor – to be completed by primary supervisor.***Please provide details of previous research carried out by the primary supervisor in the area of the proposed scholarship project, or in a related area. (Maximum 1 page).* |
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| **3.3.2 Qualifications of Primary Supervisor– to be completed by primary supervisor.***Please provide details of supervisory experience of the primary supervisor. (Maximum ¼ page).* |
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| **3.4Facilities Available** |
| Do you have available the necessary basic research facilities such as an equipped laboratory, staffed workshops/clinics, secretarial assistance for your general support during the expected lifetime of your research work? | YES/NO |
| If additional facilities will be required, record here how these will be obtained and funded. |

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| 4.0 OTHER CONSIDERATIONS |
| **4.1 Ethics Considerations** |
| Does your project require approval from one or more Australian Ethics Committees? | YES/NO |
| If “YES” please explain and state whether and which ethical approval is held or is being sought.  |
| **Please note: It is the responsibility of all those working on this Research Project to ensure that ALL required ethics approvals are obtained from the relevant body prior to commencement of the research project.** |
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| **4.2 Other potential funding sources for this project**Please provide details of:1. Other funding already held for this project.
2. Other funding for which you have already applied (for this project).
3. Other funding for which you intend to apply (for this project).
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| **Title of Application** | **Indicate 1, 2 or 3 from the above list** | **Source of Support** | **Funding type** | **Year the funding will commence** | **Total funds requested** | **Indicate % overlap** |
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| **4.3 Previous funding for this project** |
| Has funding been provided, from any source, for this project in the past?  | YES/NO |
| If yes, please describe the circumstances and the outcome? *(Maximum ¼ page)* |  |

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| **5.0. REFEREE REPORTS**  |
| **5.1 Referee 1: Primary Supervisor** |
| Name |  |
| Appointment |  |
| Institution |  |
| Address |  |
| Postcode |  |
| Telephone  |  |
| Email |  |
| **5.2 Referee 2: Nominated independent referee, knowledgeable in the proposed field of research** |
| Name |  |
| Appointment |  |
| Institution |  |
| Address |  |
| Postcode |  |
| Telephone  |  |
| Email |  |

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| 6.0 CERTIFICATION PROCESS |
| 6.1 Certification by Applicant*By signing this page, you certify that all details given in this application are correct and you agree to carry out the project according to the terms and conditions as determined by Muscular Dystrophy NSW.*  |
| Applicant Name(please print in block letters) | Signature | Date  |
|  |  |  |
| 6.2 Certification by Supervising Researcher*In signing this page, you certify that the details you have provided in this application are correct and that you are able to supervise this research according to the terms and conditions as determined by Muscular Dystrophy NSW.*  |
| Supervisor Name | Signature | Date |
|  |  |  |
| 6.3 Certification by Head of Department *In signing this page, you certify that the project is appropriate to the general facilities in the Department and that you are prepared to have the Program carried out in your Department.*  |
| Name (please print in block letters) |  | Department |  |
| Signature of Head of Department |  | Date |  |
| 6.4. Certification by Head of Institution |
| Certification by Head of Institution*I certify that this request satisfies the requirements of this Institution, and that this Institution has established administrative processes for assuring sound scientific practice in accordance with the Joint NHMRC/AVCC Statements and Guidelines on Research Practice.* |
| Name(please print in block letters) |  | Title/Position |  |
| Signature of Head of Institution (or nominee) |  | Date |  |

**SUBMISSION OF THIS APPLICATION: Due by COB 28 June 2024**

**Checklist of application requirements.**

NB: This sheet must be attached as the last page of the application.

**This sheet must be completed.**

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| Applicant |  |
| Department |  |
| Institution |  |
| Phone Number  |  |

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| Project Title |  |

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| Checklist | **Yes** | **No** |
| **Citizenship/Australian Residency**Evidence of citizenship or Australian residency or relevant visa or documents showing that relevant visa has been sought (submitted in both hard and electronic form) |  |  |
| **Qualifications**Copy of Curriculum Vitae and Academic Record |  |  |
| **Completion of all sections of the form** |  |  |
| **Referees**Two referee reports, each submitted as: 1 x electronic version emailed to info@mdnsw.org.au (cc: charlotte.sangster@mdnsw.org.au) |  |  |
| **Completed checklist of application requirements** |  |  |