**NATIONAL ASTHMA RESEARCH PROGRAM**

**PhD SCHOLARSHIP APPLICATION**

Please submit your completed full application to [research@asthma.org.au](mailto:research@asthma.org.au).

Late or incomplete applications will not be accepted. Applications that do not meet the stipulated criteria will not be accepted. Before completing your application please read the [National Asthma Research Program Strategy](https://asthma.org.au/wp-content/uploads/2020/02/AA-NARP_2020_Web.pdf) and the Scholarship Assessment Criteria.

For general enquiries, please contact [research@asthma.org.au](mailto:research@asthma.org.au)

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| **Application format**   * Applications must be lodged electronically in Microsoft Windows Word or PDF format, using this form. Applications not received in this format will not be accepted. * Files should be no larger than 1mb in size * Left margin should be at least 2.5cm with content aligned text left * Font (body) should be Calibri 11 point * Applications should be in one document, and named as follows: SURNAME OF LEAD RESEARCHER\_EOI\_PROJECTGRANT\_YEAR * Applications must include   + Academic transcripts   + Principal supervisors report (template below) submitted **by the applicant** as part of this document   + Independent referee’s report (template) must be submitted **by the referee** directly to [research@asthma.org.au](mailto:research@asthma.org.au) * Supervisor and referee reports remain confidential to Asthma Australia |

**PART 1: APPLICANT**

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| **Applicant details** | | |
| Title | First name | Last name |
|  |  |  |
| Gender | Date of Birth | Citizenship |
|  |  |  |
| Institution/Department | Current position | Date position commenced |
|  |  |  |
| Mailing address line 1 | | |
|  | | |
| Mailing address line 2 | | |
|  | | |
| Suburb | Postcode | State |
|  |  |  |
| Telephone | Email |  |
|  |  |  |

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| **Citizenship** | |
| Are you an Australian citizen? | yes/no |
| If no, of which country are you a citizen? |  |
| If no, are you a permanent resident of Australia? | yes/no |
| If you are a permanent resident, have you provided proof of residency? | yes/no |

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|  | I have attached my academic transcripts to this application |

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| **Academic achievements and awards (only list those not included on your transcript)** |
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| **Research experience (only list those not included on your transcript)** |
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| **Publications and presentations (only list those not included on your transcript)** |
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| **Other funding you have applied for** |
| *Acceptance of the Scholarship is contingent on the Scholarship holder applying annually for other scholarships where eligible including (at a minimum) Australian Postgraduate Awards (APA) and National Health and Medical Research Council (NHMRC) Scholarships* |

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| **Applicant privacy** |
| Asthma Australia values your privacy and the security of your personal information.  This program or service is funded by donors and as such non-identifiable information may be provided to stakeholders and third parties to assess the impact of Asthma Australia’s program. At no time will your details be provided to a third party for purposes of promoting products, services, events, fundraising, or other activities. For full details on AA’s Privacy Policy, please refer to our website: <https://asthma.org.au/privacy-statement/>.  Asthma Australia would like to contact you about upcoming research grants, campaigns and information about asthma.  I agree to receive communications from Asthma Australia. |

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| **Applicant declaration and signature** |
| By signing below, I agree to be bound by the conditions of the award if this application is successful. |

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| Applicant signature |  | Date (DD/MM/YYYY) |

**PART 2: PROPOSAL**

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| **PhD title (as listed with the university)** |
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| **Attendance pattern (if part-time, please give reasons for requesting part-time attendance)** |
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| **Outline of proposed research (max 1 page)** |
| *Written with supervisor (minimum 11 point Tahoma font, single spaced and include no more than six references)* |

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| **Research priority(s) (max 250 page)** |
| *Outline how the project is relevant to asthma and meets the National Asthma Research Program Priority(s).* |

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| **Ethics** |
| *If you answer “yes” to any of the following questions, you will need to obtain ethics approval and provide evidence of this to Asthma Australia if your application is funded. Proof of ethics approval is not required for the application.*  *Please delete the relevant answer to each question below.*   * *Does this research proposal require submission to a human research ethics committee or other ethics review process for human research?*   *Yes/no*   * *Does this research proposal require submission to an animal ethics committee?*   *Yes/no*   * *Does this program involve organisms being genetically manipulated such that they fall under current guidelines issued by the Office of the Gene Technology Regulator?*   *Yes/no*   * *Does this program require submission to an institutional biosafety committee?*   *Yes/no* |

**PART 3: SUPERVISOR**

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| **Principal supervisor details** | | | | | |
| Title | First name | | | Last name | |
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| Institution/department | | | Appointment/position | | |
|  | | |  | | |
| Mailing address line 1 | | | | | |
|  | | | | | |
| Mailing address line 2 | | | | | |
|  | | | | | |
| Suburb | | State | | | Postcode |
|  | |  | | |  |
| Telephone | | Email | | | Fax |
|  | |  | | |  |
| Academic qualifications | | | | | |
|  | | | | | |
| Training in higher degree supervision | | | | | |
|  | | | | | |
| Number of PhD students currently supervising | | | Number of PhD students who have successfully completed their PhD under your supervision | | |
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| **Assessment of applicant (to be completed by supervisor)** |
| Applicant’s research ability |
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| Applicant’s academic performance |
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| Applicant’s personal qualities |
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| Applicant’s suitability for grant |
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| **Supervisor privacy** |
| Asthma Australia values your privacy and the security of your personal information.  This program or service is funded by donors and as such non-identifiable information may be provided to stakeholders and third parties to assess the impact of Asthma Australia’s program. At no time will your details be provided to a third party for purposes of promoting products, services, events, fundraising, or other activities. For full details on AA’s Privacy Policy, please refer to our website: <https://asthma.org.au/privacy-statement/>.  Asthma Australia would like to contact you about upcoming research grants, campaigns and information about asthma.  I agree to receive communications from Asthma Australia. |

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| Supervisor signature |  | Date (DD/MM/YYYY) |

**PART 4: INSTITUTION**

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| **Scholarship administering Institution** | | |
| Institution name | | Institution department |
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| Name of institution contact | | Preferred contact method |
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| Mailing address line 1 | | |
|  | | |
| Mailing address line 2 | | |
|  | | |
| Suburb | Postcode | State |
|  |  |  |
| Telephone | Email | Fax |
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| Institutional support (max 150 words) |
| *What support will be available from the institution for the candidate to complete their proposed research?* |

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| --- | --- | --- | --- |
| **Institution’s authorised representative** | | | |
| Title | First name | Last name | Designation |
|  |  |  |  |
| Acknowledgment by administering institution | | | |
| In supporting this application, we agree:   1. That the institution acknowledges the merit of the proposed research project 2. That the institution is prepared to act as the administering organisation | | | |

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| --- | --- | --- |
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| Institution’s authorised representative signature |  | Date (DD/MM/YYYY) |

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| **Head of institution/department or delegate** | | | |
| Title | First name | Last name | Designation |
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| --- | --- | --- |
|  |  |  |
| Head of institution/department or delegate signature |  | Date (DD/MM/YYYY) |