**NATIONAL ASTHMA RESEARCH PROGRAM
PHD SCHOLARSHIP: APPLICATION FORM**

**GENERAL DETAILS**

Applicant (Supervisor)

|  |  |  |
| --- | --- | --- |
| Title | First name | Last name |
|  |  |  |
| Gender | Date of Birth |
|  |  |
| Institution/Department | Position |
|  |  |
| Address |
|  |
| Telephone | Email |
|  |  |

Administering Institution

|  |
| --- |
| **Administering Organisation** |
| Organisation/Institution name  | Department (if relevant) |
|  |  |
| Contact person | Preferred contact method |
|  |  |
| Address  |
|  |
| Telephone | Email |
|  |  |

**RESEARCH ENVIRONMENT AND SUPERVISION (40%)**

Maximum 2 pages

|  |  |
| --- | --- |
| Number of PhD students you are currently supervising: |  |
| Please detail relevant academic qualifications and/or training in higher degree supervision. List the degree/course, institution, year and field of study.  |
|  |
| Top 5 publications and how they relate to / support the proposed research: |
| 1.
2.
3.
4.
 |
| Please briefly describe previous research mentoring and supervision experience |
|  |
| Please describe how the research environment will support the applicant to complete their PhD. For example, access to technical resources, additional expertise, equipment, facilities, infrastructure, and wider research/project team. |
|  |
| Please describe how the research team will recruit an appropriate PhD candidate for this funding. |
|  |

**THE PHD PROJECT (30%)**

|  |  |
| --- | --- |
| Expected PhD commencement date | Expected PhD end date |
|  |  |
| **Project title**  |
|  |
| **Outline of proposed PhD project (max 2 page)** |
|   |

|  |
| --- |
| **Ethics** *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 |

*If you answer “yes” to any of the above 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.*

**IMPACT (30%)**

|  |
| --- |
| **Impact (max 500 words)** |
|   |

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| --- |
| **Research priority(s) (max 250 words)** |
|   |

**CONSUMER REVIEW FORM**

|  |
| --- |
|[ ]  I have completed and attached the consumer review form with my application |

**SIGNATURES**

**Applicant (Supervisor)**

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| --- |
| **Privacy** |
| Asthma Australia values your privacy and the security of your personal information. This program 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. |
| **Applicant declaration and signature** |
| By signing below, I agree to be bound by the conditions of the award if this application is successful.  |

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

**Administering Organisation**

|  |
| --- |
| **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 and will provide the researcher/research team with basic facilities required for the project (e.g. laboratory or office space, access to appropriate library collection, and computers and basic computer facilities.
 |

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| --- | --- | --- |
|  |  |  |
| Authorised representative signature |  | Date (DD/MM/YYYY) |