

NATIONAL ASTHMA RESEARCH PROGRAM

HONOURS 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 (50%)

Maximum 2 pages

Number of Honours 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.
- 5.

Please briefly describe previous research mentoring and supervision experience

Please describe how the research environment will support the applicant to complete their Honours. 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 honors candidate for this funding.

THE HONOURS PROJECT (30%)

Maximum 1 page

Expected honours commencement date	Expected honours end date
Project title	
Outline of proposed Honours project	

Ethics	
<i>Please delete the relevant answer to each question below.</i>	
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 (20%)

Impact (max 500 words) Including which Asthma Australia research priority the project addresses

SIGNATURES

Applicant (Supervisor)

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](#):

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:

- a) That the institution acknowledges the merit of the proposed research project
- b) 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).

 Authorised representative signature

 Date (DD/MM/YYYY)