

NATIONAL ASTHMA RESEARCH PROGRAM

PHD SCHOLARSHIP: APPLICATION FORM

GENERAL DETAILS

Applicant

Title	First name	Last name
Gender		Date of Birth
Institution/Department		Position
Address		
Telephone		Email
Attendance pattern (if part-time, please give reasons for requesting part-time attendance)		
Expected PhD commencement date		Expected PhD end date

Supervisor

Title	First name	Last name
Institution/Department		Position
Address		
Telephone		Email

Administering Institution

Administering Organisation	
Organisation/Institution name	Department (if relevant)
Contact person	Preferred contact method

Address		
Telephone	Email	Fax

ACADEMIC RECORD AND RESEARCH ACHIEVEMENT (40%)

<input type="checkbox"/>	I have attached my academic transcript to this application
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Maximum 1 page

Medals, prizes and awards
Publications or presentations
Broader community engagement or relevant industry experience/work history
Factors to consider relative to opportunity (if applicable)

THE PROJECT (20%)

PhD title

Outline of proposed research (max 2 page)

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 250 words)

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Research priority(s) (max 250 words)

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Career impact(s) (max 200 words)

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CONSUMER REVIEW FORM

<input type="checkbox"/>

I have completed and attached the consumer review form with my application

SIGNATURES

Applicant

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)

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.

Acknowledgement by supervisor

By signing below, I agree:

- a) To be the primary supervisor for this PhD grant
- b) To support the merit of this application

Supervisor signature

Date (DD/MM/YYYY)

Administering Organisation

Authorised representative			
Title	First name	Last name	Designation

Acknowledgment by administering institution
<p>In supporting this application, we agree:</p> <ul style="list-style-type: none"> c) That the institution acknowledges the merit of the proposed research project d) 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)