

OFFICE USE ONLY APPLICATION

Application ID:	Applicant Name:	Date received:
-----------------	-----------------	----------------

**| 2023 National Research Program****Application form**

Applications open: Thursday 14th April 2022
Closing date: Friday 8th July 2022 (5.00pm AEST)

IMPORTANT NOTICE for Fellowships and Scholarship applications:

Due to the ongoing COVID-19 crisis, some internationally-based Fellowships and Scholarships may be subject to travel restrictions and / or Institution closures. As a result, some of our regular research funding has been affected and may not be available.

We recommend that you check the Arthritis Australia website for updates on the status of funding, prior to the closing date, and before you submit your application.

Please also ensure that your grant application includes a contingency plan for undertaking your grant activity within Australia, should this be necessary.

This application is for a: (Please indicate by selecting only one)

PLEASE SELECT ONE OF THE FOLLOWING ONLY

- ☐ **Fellowship:** post-doctoral studies (AFA-ARA-Heald) or following recently completed rheumatology advanced training
- ☐ **Scholarship:** for young science and medical graduates to undertake thesis studies (doctorate or masters level) at recognised universities

The Grant Assessment Committee reserves the right to consider your application for either award.

Before completing the application form you must read the Arthritis Australia Guidelines and Instructions and Frequently Asked Questions. These can be found on the Arthritis Australia Research Grants page of our website www.arthritisaustralia.com.au

- If you require any assistance in completing this form contact Arthritis Australia at researchgrants@arthritisaustralia.com.au
- Late or incomplete forms will not be accepted
- Use 10-point Arial throughout

Completed applications should be submitted to Arthritis Australia as an email attachment

Email to: researchgrants@arthritisaustralia.com.au

Late or incomplete forms will not be accepted

2023 ARTHRITIS AUSTRALIA NATIONAL RESEARCH PROGRAM FELLOWSHIP/SCHOLARSHIP APPLICATION

1. CONTACT DETAILS (APPLICANT)

Name:	Title:	Given:	Surname:
Address:			
City:	State:		Postcode:
Phone:	Work:	Mobile:	Facsimile:
Email:			

2. EMPLOYMENT DETAILS

Present position:			
Institution:			
Australian citizen or permanent resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Rheumatology advanced training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, year of completion or projected year of completion:	<div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div>	year of completion	
ARA member:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3. CONTACT DETAILS (SUPERVISOR)

Name:	Title:	Given:	Surname:
Institution:			
Address:			
City:	State:		Postcode:
Phone:	Work:	Mobile:	Facsimile:
Email:			

(Please copy and paste this section if more than one supervisor)

4. DETAILS OF RESEARCH PROPOSAL

Intended department:			
Intended institution:			
Subject of research or study (<i>short title</i>):			
Higher degree for which you propose to enroll (<i>if scholarship</i>):			
Date of Enrolment (<i>if scholarship</i>):			
University for proposed degree (<i>if scholarship</i>):			
Other applications pending for this project:			
Have you applied for NHMRC funding for this project:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**5. TRACK RECORD (PLEASE ATTACH YOUR CURRICULUM VITAE TO THIS APPLICATION)
(LIMIT OF 3 PAGES)**

Provide a brief overview as your introduction (no more than one paragraph) of your current position, area of interest, awards, presentations and publications. This will be used in our reporting to funders.

Your curriculum vitae should include details such as:

- Under-graduate and post-graduate studies including the name of the course (s), institution(s) and date(s) completed.
- Publications.
- Research projects you have been or are currently involved in.
- Past grants and awards received.

NOTE: APPLICANTS FROM VICTORIA OR THOSE PLANNING TO UNDERTAKE THEIR PROJECT IN VICTORIA SHOULD INCLUDE COMPLETE COPY OF CV

SUPERVISOR TRACK RECORD – maximum 1 page per supervisor

Include Supervisor name, qualifications and degrees, awards and prizes, grants and funding received in last five years, number of publications and six most significant publications in last five years.

6. OUTLINE OF PROPOSED RESEARCH

Summary of proposal in layman's terms (maximum 1 paragraph): *(Please use plain language, avoiding scientific terminology. If this is unavoidable, please provide plain language explanation. It usually isn't necessary to explain scientific acronyms or the logic behind the naming of molecules).*

Translational research statement (maximum 1 paragraph): *explain in detail how this project will produce a benefit to health consumers e.g. improve quality of life for patients with musculoskeletal disease or advance knowledge in clinical areas where there is therapeutic uncertainty. (Please use plain language, avoiding scientific terminology).*

Plus, Project Outline: *Maximum of 3 pages, including references.*

NOTE: *(details in excess of this will be removed prior to assessment)*

7. ADMINISTERING INSTITUTION

Name:			
Address:			
City:		State:	Postcode:

8. PLEASE ATTACH REFEREES' REPORT

NOTE: Two written references (one from an independent referee and one from a current supervisor) are required to be submitted at the time of application.

2023 ARTHRITIS AUSTRALIA NATIONAL RESEARCH PROGRAM FELLOWSHIP/SCHOLARSHIP APPLICATION

9. CERTIFICATION

Please submit one hard copy (original) of **this page only** by mail.

***Note:** this page can be posted at a later date (within two weeks of application submission closing date) to:
Arthritis Australia National Research Program, P O Box 550 Broadway NSW 2007

Applicant name:

Application type: ☐ Fellowship ☐ Scholarship

Certification by head of department / head of research committee

I certify that the appropriate general facilities will be available to the applicant if successful.

Surname:		Title:	Initials:	Department:
Signature:				Date:

Certification by head / nominee of administering institution

I certify that this request satisfies all the requirements of this institution.

Surname:		Title:	Initials:	Department:
Signature:				Date:

Certification by applicant

In signing this page, you certify that all details given in this application are correct and that a written agreement has been provided by all named Chief Investigators.

Surname:		Title:	Initials:	Department:
Signature:				Date:

Verification by research administrative officer

I verify that I have checked this application and that, to the best of my knowledge, all relevant details are correct at the time of lodgment with the Arthritis Australia National Research Program.

Surname:		Title:	Initials:	Department:
Signature:				Date:

