**APPLICATION FORM 2020**

**Applications Due: 5.00pm Friday July 10th, 2020**

Applications received after this date will not be considered.

**Submit Applications as a PDF attachment to: GR-MC@unimelb.edu.au**

Please include *‘Clifford Scholarship Application’* in the subject line of the email

PART A: APPLICANT DETAILS

Contact Details

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| --- | --- | --- | --- | --- |
| Applicant Name: | |  | | |
| Home Address: | |  | | |
| Email: |  | | Mobile Phone: |  |

Details of Where Research is to be Conducted:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MCRI/RCH Department where research is to be conducted: | |  | | |
| Primary Supervisor: |  | | Other Supervisors: |  |
| Secondary Supervisor: |  | |

Graduate Research Degree Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Research Project: |  | | |
| Actual/Expected Candidature Start Date: |  | Candidature End Date: |  |

PART B: TRACK RECORD

Academic Qualifications:

 Enter details of your academic degrees in date order beginning with the most recent

 Please provide your full academic transcript, including undergraduate and post graduate courses

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| --- | --- | --- | --- | --- |
| Degree: | University | Department | Start Date | End Date |
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Research Related Experience:

 Provide details of any research related experience in date order beginning with the most recent

 Include the Full Time Equivalent (FTE) for your current position

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| --- | --- | --- | --- | --- |
| Role | Organisation Name | Department | Start Date | End Date |
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Scholarships Awarded:

 Enter details of all scholarships you have been awarded for your current/commencing degree

 For multiple year scholarships please enter the total amount awarded

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| --- | --- | --- | --- | --- |
| Name of Scholarship: | Funding Body | Amount Awarded | Start Date | End Date |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |

List of Publications:   
Enter the full reference for each of your publications  
Number publications chronologically, listing the most recent first

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Scientific/Medical Conference Attendance:

 Enter details (name of conference, year, location) of any scientific/medical conferences you have attended

 Number conferences chronologically, listing the most recent first

 If you presented at the conference please include details (title and type of presentation) of your presentation

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Prizes and Awards:

 Number prizes and awards chronologically, listing the most recent first

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Other Relevant Information:

 Please provide details of any other contributions you feel are relevant to this application. For example, details of any grants on which you are named, guidelines that you wrote/contributed to, policies that you influenced, professional memberships that you hold etc

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PART C: DESCRIPTION OF RESEARCH PROJECT

Provide a brief description of the research project and its’ relevance to child health using the headings provided below  
***Maximum 3 pages*** (form will expand to accommodate text)*.*

Background and Aims:

 List the specific aims of the research

 If hypotheses are to be tested, they should be clearly stated

 Provide a summary of the relevant literature that provides the basis for the proposed project

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Methods

 Briefly detail the methodology you intend to adopt to achieve your research aims

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Expected Outcomes and Significance

 Describe the potential clinical significance and relevance to child health of the outcomes of your research project

 Describe the expected impact of the scholarship on your clinical career

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PART D: BUDGET

Enter all figures EXCLUDING GST

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| --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | *Total* |
| Stipend / Living Allowance | $ | $ | $ | *$      ex-GST* |
| Direct Research Costs  (maximum 25% of amount requested) | $ | $ | $ | *$      ex-GST* |
| **Total Amount Requested** | | | | ***$      ex-GST*** |
| Detailed Budget Breakdown for Direct Research Costs (where relevant). | | | | |

PART E: DECLARATIONS

This page should be printed for signature then scanned and compiled into the PDF of the completed Application Form

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | | |  | | | | |
| Applicant | | | | | | | |
| *I certify that*  *all details given in this application are correct*  *I have provided all relevant attachments*  *I agree to abide by the conditions of the Clifford Family PhD Scholarship.* | | | | | | | |
| Signature: |  | | | | | Date: |  |
| Supervisor Statement | | | | | | | |
| Supervisor Name: | | |  | | | | |
| Email: | |  | | | | Ph: |  |
| *I support the application and consider that the research activities outlined therein will benefit the development of the student’s research career.* | | | | | | | |
| Signature: |  | | | | | Date: |  |
| Research Group Leader | | | | | | | |
| Name: | | |  | Email: |  | | |
| Research Group: | |  | | | | Ph: |  |
| *I certify that*  *the research described in this application is strategically relevant to the campus*  *the Research Group has all necessary resources required to support the project.* | | | | | | | |
| Signature: |  | | | | | Date: |  |

Checklist:

All sections completed  All declarations signed

Academic transcript attached  All pages combined in single PDF