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**THE UNIVERSITY OF MELBOURNE**

**Faculty of Medicine, Dentistry and Health Sciences (MDHS)**

International SPARK Biomedical Innovation & Entrepreneurship Training Course – Travel Scholarship

Application Form 2018

* PhD students enrolled at all levels at an MDHS Department at the University of Melbourne and engaged in translational research are eligible to apply.
* Early Career Researchers (<5 years post-PhD) employed at an MDHS department at the University of Melbourne and engaged in translational research are eligible to apply.
* All applicants must include a CV (<4 pages) and a letter of recommendation from their supervisor with their application.
* Applicants will be assessed based on:
  + Whether their research is translational
  + Their motivation and the anticipated impact of the course on their career pathway
  + The quality of their CV (i.e. research potential etc.)
  + The written recommendation from their supervisor
* Please refer to the attached flyer for more details. The Travel Scholarship includes the cost of the course, 2 weeks’ accommodation, meals (breakfast, lunch and dinner) and local transport.
* All inquiries may be directed to [mdhs-innovation@unimelb.edu.au](mailto:mdhs-innovation@unimelb.edu.au).

**A1. APPLICANT DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** | |  | | **Full Name** | |  |
| **Position** (*Also state your PhD year level e.g. 1st, 2nd or 3rd Year or no. of years post-PhD*) | | | |  | | |
| **Department** | | | |  | | |
| **Faculty / School** | | | |  | | |
| **Current Supervisor/ Lab Head** | | | |  | | |
| **Telephone** |  | | **Email** | |  | |

**A2. PROJECT DETAILS**

**PROJECT DESCRIPTION**

*Please provide a brief outline of your research and state how it is translational (no more than* ***200 words****).*

**A3. REASON FOR COURSE PARTICIPATION & ANTICIPATED BENEFIT**

**MOTIVATION FOR ATTENDING**

*Why do you want to attend the SPARK Biomedical Innovation and Entrepreneurship Training Course (no more than* ***200 words****)?*

**EXPECTED IMPACT ON CAREER PATHWAY**

*What impact would participation in this course have on your career pathway? (no more than* ***200 words****)?*

**A4. PROJECT APPROVAL**

**APPROVAL – Head/s of Department**

*I/we support the participation of this student in this program. The CV and Research Outputs of the applicant are an accurate reflection of their academic career to date.*

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| **Title and Name** | **Signature** | **Date** |