

APPLICATION

for

Bushell Postdoctoral Research Fellowship

Closing Date 31 July 2010

Postal Address
GESA
PO BOX 508
MULGRAVE VIC 3170

Applications must be on this original application form
LATE, FAXED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



www.gesa.org.au

SPECIFIC CONDITIONS:

Bushell Postdoctoral Research Fellowship

PURPOSE

This fellowship is tenable in association with a gastroenterological unit (medical, surgical or paediatric) in a teaching hospital, research institute or university department that has demonstrated interest in research into health and disease related to the broad field of gastroenterology, hepatology and related disorders. Applicants must hold a higher degree.

VALUE

The major conditions and the stipends for this fellowship are assessed according to the qualifications and experience of the Applicant.

ELIGIBILITY

The Applicant is required to:

- Read, understand and agree to all the requirements listed in the 2010 Instruction booklet.
- Be a current financial member of the Gastroenterological Society of Australia, defined as “being a financial member of the society for at least one year prior to application for this award”;
- Hold a relevant postgraduate research degree (MD, PhD or equivalent) or have submitted their thesis at the time of application;
- Be not more than five (5) years from the awarding of their postgraduate research degree and wish to make their career in Australia undertaking research in an Australian academic institution;
- Be recognised as having the potential to be an independent investigator committed to full-time research in gastroenterology/hepatology;
- Attend the next Australian Gastroenterology Week (AGW) following notification of the award and in each year of tenure; and
- Correctly complete the application form and lodge it with attachments prior to the closing date.

REPORTING

The Research Fellow is required to provide the Society with a concise summary of research progress, including publications and presentations, by 31 October in each year of the fellowship tenure.

Report forms are available on the Society website www.gesa.org.au

Late or non-submission of these reports will result in stipend payments being withheld by the Society.

Date Received: _____

Application for Bushell Postdoctoral Research Fellowship

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PROJECT TITLE: _____

1. Title _____

Gender (M/F) _____

Surname _____

Given Names _____

Date of Birth / /

2. I am a: *(Please tick one category only)*

Medical graduate with MD/PhD (circle appropriate degree)

Science graduate with PhD

3. Current Contact Address _____

State _____ Postcode

Phone _____ Facsimile _____

Email _____

4. Institution of Proposed Research Program _____

Address _____

State _____ Postcode

Phone _____ Facsimile _____

5. Name, Full Address and Postcode of Administering Institution ("AS ABOVE" if same as Question 4)

Name _____

Address _____

State _____ Postcode

Phone _____ Facsimile _____

13. Signatures

Applicant Signature _____

Title and Name _____

Date / /

Signature of Head of Intended Department

I certify that this Department has the facilities and funding to support this proposal and that I believe this person is a suitable Applicant for this fellowship.

Supervisors Signature _____

Title and Name _____

Date / /

Certification by Head of Administering Institution

(Head of institution or nominee)

I certify that (use capital letters) _____

should be awarded a Fellowship, this Institution will be willing to administer the grant on his/her behalf.

Name of Head of administering institution (use capital letters) _____

Signature _____

Title and Name _____

Date / /

14. Clearance Requirements

All research undertaken under the auspices of this Fellowship must comply with all institutional and legislative requirements with respect to human and animal ethics, gene technology and workplace health and safety.

No award will be made until evidence that all necessary clearances have been obtained

Does this project:

Include research involving humans? Yes No

Include research involving animals? Yes No

Involve organisms being genetically manipulated such that the research falls under current Office of Gene Technology regulator Guidelines? Yes No

Involve the use of carcinogenic or highly toxic chemicals? Yes No

APPLICANT DETAILS

NAME: _____

INSTITUTION: _____

GASTROENTEROLOGICAL SOCIETY OF AUSTRALIA **Supporting Reference Postdoctoral Research Fellowship**

NOTE: THIS REFERENCE IS TO BE FORWARDED WITH APPLICATION

Closing Date: 31 JULY 2010

First Name _____

Last Name _____

Mailing Address _____

_____ Postcode

Title _____

Qualifications _____

Present Appointments _____

CHECKLIST

Checklist of application requirements. This sheet must be completed.

Applicant _____

Department _____

Institution _____ Phone Number () _____

	Yes	No
Evidence of residency status (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Certification of Medical/Professional registration in Australia	<input type="checkbox"/>	<input type="checkbox"/>
Academic transcript (to be attached at the end of application)	<input type="checkbox"/>	<input type="checkbox"/>
Human ethics clearance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Animal ethics clearance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
OGTR or RDNA clearance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Toxic chemicals/carcinogen clearance and statement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Report of Proposed Fellowship Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Letter of Reference attached	<input type="checkbox"/>	<input type="checkbox"/>