

APPLICATION
for
GESA
2011 Postgraduate Medical
Research Scholarship

Closing Date 31 August 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:

Postgraduate Medical Research Scholarship

PURPOSE

This scholarship is to support a medical graduate, wishing to gain full-time training in methodology pertinent to any aspect of research related to gastroenterology or hepatology disorders, while enrolled for an MD or PhD.

CAREER STAGE

The award is designed for candidates at an early stage in their careers, for example (but not confined to) advanced trainees who have completed core clinical training at the time of taking up the scholarship.

VALUE

The major conditions and the stipends for this scholarship are identical to those of the NHMRC Research Scholarships.

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 “confirmed as a financial member of the society prior to applying for the award”;
- 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.

The proposed supervisor is required to be a current financial member of the Gastroenterological Society of Australia at the time of submission of the application.

It is preferred that applicants intend pursuing a career in gastroenterology or hepatology. However, the research committee reserves the right to evaluate each application on a case-by-case basis.

REPORTING

Scholarship recipients must provide the Society with a concise summary of their progress by 31 October in each year of the scholarship 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.

The Council of the Society shall have the right to publish, or use in such a manner as they see fit, any such report, in whole or in part, providing due acknowledgement of the source is made.

Date Received: _____

Application for Postgraduate Medical Research Scholarship

Closing Date 31 August 2010

PROJECT TITLE: _____

1a. Title _____

Gender (M/F) _____

Surname _____

Given Names _____

1b. Requested Scholarship Tenure: (please indicate 1, 2 or 3 years) _____
(Shorter periods than 3 years will be applicable depending on the duration of the PhD enrolment prior to this application)

2. Medical Graduate:

Currently enrolled in Speciality Training _____ Expected Year of Completion _____

Completed Speciality Training _____ Year of Completion _____

Professional Qualifications:

Completed Higher Degree _____ Year of Completion _____

Currently Enrolled in Higher Degree _____ Expected Year of Completion _____

Name of Higher Degree: _____

3. Date of Birth / /

4. Address _____

State _____ Postcode

Phone _____ Facsimile _____

Email _____

5. Location of Proposed Study _____

Supervisor _____

Institution _____

Postcode

6. Higher Degree Proposed

i) Are you currently enrolled for this Degree? Enter Yes or No _____

ii) If Yes, Initial Date of Enrolment / /

iii) Status of Enrolment (please tick one) Full-time Part-time

7. Institution of Enrolment _____

8. Name, Full Address and Postcode of Administering Institution _____

Postcode

9. Citizenship/Medical/Professional Registration

(a) Are you an Australian citizen? Enter Yes or No _____

(ii) If you answered "no" to the above do you hold permanent Australian residency status?

Please attach evidence of residency status. Applications without this will not be considered.

(b) State of registration, registration number and expiry date: _____

15. Signatures

Signature of Applicant _____

Date / /

Signature of Proposed Supervisor (GESA member) _____

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 scholarship.

Date / /

Certification by Head of Administering Institution

(Head of Institution or Nominee)

I certify that should (use capital letters) _____

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

Name of Head of Administering Institution (use capital letters) _____

Title _____

Given names _____

Surname _____

Department _____

Institution _____

Signature of Head of Administering Institution _____

Date / /

16. Clearance Requirements

All research undertaken under the auspices of this Scholarship 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 AUGUST 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 () _____

Project Title _____

	Yes	No
Evidence of residency status (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Certification of Medical/Professional registration in Australia (if applicable)	<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"/>
Supervisor's Report	<input type="checkbox"/>	<input type="checkbox"/>