

# RESEARCH SCHOLARSHIP APPLICATION

**Address every section. Sufficient information must be provided with your application for each of the headings to enable the Review Committee to adequately assess each application on its merit.**

APPLICANT NAME:

POSITION:

ADDRESS:

POSTCODE:

TELEPHONE No:

EMAIL ADDRESS:

ANZSBT MEMBER: Yes/No

1. IS THE RESEARCH PART OF THE CANDIDATE'S ACADEMIC DEGREE CURRICULUM OR RESEARCH METHODOLOGY TRAINING?: Yes/No

If yes, give concise details.

2. INSTITUTION WHERE RESEARCH IS TO BE UNDERTAKEN:

3. TITLE of PROJECT:

4. NAMES OF CO-INVESTIGATORS AND THEIR LOCATION:

5. NAME AND ADDRESS OF HEAD OF DEPARTMENT WHERE RESEARCH IS TO BE UNDERTAKEN:

6. Has the Head of Department approved this project: Yes/No

7. DATE OF APPLICATION:

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8. LAY LANGUAGE DESCRIPTION OF PROJECT (Less than 30 words):
  9. ABSTRACT: (300 words or less).
  10. SPECIFIC AIMS (LESS THAN HALF A PAGE):
  11. RELEVANCE TO TRANSFUSION MEDICINE (LESS THAN HALF A PAGE):
  12. EXPLAIN WHY THIS FUND IS THOUGHT TO BE THE MOST APPROPRIATE SOURCE OF FUNDING FOR YOUR PROJECT (i.e. why can't you obtain funds for this research elsewhere?):
  13. IS THIS PROJECT ADDRESSING THE PRIORITY AREA FOR 2011? EXPLAIN HOW.
  14. INTRODUCTION AND BACKGROUND (including whether funding is for a stand-alone project or part of a larger project, or a seeding grant) - MAXIMUM ONE PAGE:
  15. PRELIMINARY RESULTS - MAXIMUM ONE PAGE:
  16. EXPERIMENTAL DESIGN/METHODS (including timetable for completion) - MAXIMUM TWO PAGES:
  17. BUDGET (including personnel, consumables and equipment MAXIMUM HALF A PAGE):
  18. BUDGET JUSTIFICATION (explain how you have calculated the amounts specified in the budget and why you need funding for these items).
  19. IDENTIFY ALL OTHER CURRENT SOURCES OF FUNDING (from what source and the amount received) FOR THIS PROJECT:
  20. LIST ALL THE APPLICATIONS THAT HAVE BEEN MADE FOR THIS PROJECT (the grant source and the amount requested) FOR BOTH THE CURRENT AND THE NEXT YEAR:
  21. CURRICULUM VITAE FOR INVESTIGATORS (4-5 pages max.) (Attach separate document(s)):
  22. HAS ETHICAL APPROVAL BEEN SOUGHT? (Where necessary funding will not be available to the successful applicant(s) until Ethical Approval has been sighted by the ANZSBT):
  23. NAME AND CONTACT DETAILS OF 3 REFEREES FROM WHOM THE ASSESSMENT COMMITTEE MAY SEEK AN OPINION:

Please **post and email** the completed application and attachments to:

Honorary Secretary, ANZSBT, 145 Macquarie Street, Sydney NSW 2000  
[anzsbt@anzsbt.org.au](mailto:anzsbt@anzsbt.org.au)

**By the closing date of Thursday, 12 August 2010**