

Prerequisites and Eligibility Requirements

* indicates a required field

Before proceeding with this application, please ensure you have read and understood the Guidelines for this round, available [here](#).

Applications in this round are being accepted for **Higher Degree by Research Scholarships only**.

1.1 Enrolment details

1.1.1 Indicate the type of program you will be enrolled in (or have applied to be enrolled in) for 2024 *

- ☐ Doctor of Philosophy
- ☐ Masters by Research

1.1.2 Please provide the details of the program are you enrolled/enrolling in *

e.g. PhD (Med)

1.1.3 At which university are you enrolled/enrolling in the program above? *

- ☐ Flinders University
- ☐ The University of Adelaide
- ☐ The University of South Australia
- ☐ Other:

No more than 1 choice may be selected.

1.1.4 Upload acknowledgement of your application to the enrolling institution for the current round of admissions. This may be the automated email confirming submission of an online application form or similar. *

Attach a file:

IMPORTANT: Please upload as .pdf file. File names should include your family name and a descriptor of the item, for example "Enrolment acknowledgement_Smith.pdf"

1.2 Project site

Will this project be undertaken with the Basil Hetzel Institute (BHI) for Translational Health Research and/or The Queen Elizabeth Hospital (TQEH)? *

- ☐ Yes
- ☐ No

Note: These Scholarships are limited to students applying to undertake Research Training at the BHI/TQEH.

Applicant Details

* indicates a required field

2.1 Applicant

2.1.1 Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.1.2 Preferred phone number *

2.1.3 Email Address (Please use your university email address if available) *

Must be an email address.

2.2 Study Rights

2.2.1 Which of the following are you: *

- ☐ An Australian citizen.
- ☐ A permanent resident of Australia who has been granted resident status by the date set out in the guidelines.
- ☐ An overseas student holding a valid Student Visa.
- ☐ An overseas student eligible for a Student Visa.

2.2.2 Upload evidence of citizenship (e.g. passport photo page or similar) *

Attach a file:

IMPORTANT: Please upload as .pdf file. File names should include your family name and a descriptor of the item, for example "Citizenship_Smith.pdf"

2.2.3 Upload evidence of permanent residency or valid student visa *

Attach a file:

IMPORTANT: Please upload as .pdf file. File names should include your family name and a descriptor of the item, for example "Visa_Smith.pdf"

2.2.4 Have you completed an IELTS assessment? *

- ☐ Yes
- ☐ No

2.2.5 Upload your valid IELTS documentation (ensure the document date is not past the 2 year expiry). *

Attach a file:

IMPORTANT: Please upload as .pdf file. File names should include your family name and a descriptor of the item, for example "IELTS_Smith.pdf"

Qualifications and Experience

* indicates a required field

3.1 Undergraduate Qualifications

3.1.1 Qualification obtained	3.1.2 University / Institution	3.1.3 Year of official academic record	3.1.4 Please attach the academic record giving subject details and results
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			IMPORTANT: Please upload as .pdf file. File names should include your family name and a descriptor of the item, for example "Transcript_Smith.pdf"

3.2 Postgraduate Qualifications (where applicable)

3.2.1 Qualification obtained	3.2.2 University / Institution	3.2.3 Year of official academic record	3.2.4 Date of award	3.2.5 Please attach the academic record giving subject details and results
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			Must be a date.	IMPORTANT: Please upload as .pdf file. File names should include your family name and a descriptor of the item, for example "Transcript_Smith.pdf"

3.3 Research Experience and Employment

3.3.1 Briefly describe your research experience *

Word count:

Must be no more than 150 words.

3.3.2 List any publications that you may have *

3.3.3 Upload your Curriculum Vitae *

Attach a file:

IMPORTANT: Please upload as .pdf file. File names should include your family name and a descriptor of the item, for example "CV_Smith.pdf"

Proposed Field of Study and Supervisors

* indicates a required field

4.1 Field

In which BHI / TQEH department do you intend to undertake your research project? *

4.2 Project Supervisors

How many Supervisors will there be for the project? *

☐ 1

☐ 2

☐ 3

4.3 Primary Supervisor

4.3.1 Primary Supervisor's Name *

Title First Name Last Name

4.3.2 Primary Supervisor 's Position *

4.3.3 Primary Supervisor's Office Address *

Address

4.3.4 Primary Supervisor's Primary Phone Number *

Must be an Australian phone number.

4.3.5 Primary Supervisor's Mobile Phone Number *

Must be an Australian phone number.

4.3.6 Primary Supervisor's Primary Email *

Must be an email address.

4.3.7 Primary Supervisor's Primary health network or hospital affiliation (write 'none' if there isn't one) *

4.3.8 Primary Supervisor's University affiliation *

****IMPORTANT**** Your Primary Supervisor must submit a Primary Supervisor Statement on the [prescribed template](https://grants@hospitalresearch.org.au) **by the deadline and in confidence** to grants@hospitalresearch.org.au in order for your application to be considered complete.

4.4 Supervisor 2

4.4.1 Supervisor 2's Name *

Title First Name Last Name

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4.4.2 Supervisor 2's Position *

4.4.3 Supervisor 2's Office Address *

Address

<input type="text"/>
<input type="text"/>

4.4.4 Supervisor 2's Primary Phone Number *

Must be an Australian phone number.

4.4.5 Supervisor 2's Primary Email *

Must be an email address.

4.4.6 Supervisor 2's Mobile Phone Number *

Must be an Australian phone number.

4.4.7 Supervisor 2 Primary health network or hospital affiliation (write 'none' if there isn't one) *

4.4.8 Supervisor 2 University affiliation (write 'none' if there isn't one) *

4.4.9 Supervisor 2 Research Institute affiliation (write 'none' if there isn't one) *

4.5 Supervisor 3

4.5.1 Supervisor 3's Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4.5.2 Supervisor 3's Position *

4.5.3 Supervisor 3's Office Address *

Address

<input type="text"/>
<input type="text"/>

4.5.4 Supervisor 3's Primary Phone Number *

Must be an Australian phone number.

4.5.5 Supervisor 3's Primary Email *

Must be an email address.

4.5.6 Supervisor 3's Mobile Phone Number *

Must be an Australian phone number.

4.5.7 Supervisor 3's Primary health network or hospital affiliation (write 'none' if there isn't one) *

4.5.8 Supervisor 3's University affiliation (write 'none' if there isn't one) *

4.5.9 Supervisor 3's Research Institute affiliation (write 'none' if there isn't one) *

Project Plan

* indicates a required field

5.1 Project Details

Please provide the required details below regarding the project to be undertaken at the BHI/TQEH.

5.1.1 Project Title *

Must be no more than 60 words.

5.1.2 Project Background *

Word count:

Must be no more than 200 words.

5.1.3 Aims and Objectives *

Word count:

Must be no more than 150 words.

5.1.4 Project Significance *

Word count:

Must be no more than 150 words.

5.1.5 Research Plan *

Word count:

Must be no more than 300 words.

5.2 Ethics - Human

5.2.1 Has ethics approval been granted by the CALHN Human Ethics Committee? *

- ☐ The project doesn't involve human research and therefore does not require Human Ethics clearance
- ☐ Yes, approval has been given
- ☐ No, but an application has been lodged for consideration

5.2.2 Attach a copy of the CALHN Human Ethics approval(s) *

Attach a file:

IMPORTANT: Please upload as .pdf file. File names should include your family name and a descriptor of the item, for example "Human ethics_Smith.pdf"

5.2.3 Please advise date protocol was lodged for Human Ethics Committee consideration *

Must be a date.

5.3 Ethics - Animal

5.3.1 Has ethics approval been granted by either the CALHN or University of Adelaide Animal Ethics Committee? *

- ☐ The project doesn't involve animal research and therefore does not require Animal Ethics clearance
- ☐ Yes, approval has been given
- ☐ No, but an application has been lodged for consideration

5.3.2 Please upload the Animal Ethics ethics approval(s) *

Attach a file:

IMPORTANT: Please upload as .pdf file. File names should include your family name and a descriptor of the item, for example "Animal ethics_Smith.pdf"

5.3.3 Please advise date protocol lodged for Animal Ethics Committee consideration *

Must be a date.

5.4 Project Dates

5.4.1 Expected start date of your research training (i.e. program of study) *

Must be a date.

5.4.2 Expected completion date of your research training (i.e. program of study) *

Must be a date.

5.5 Keywords

Write at least one keyword for your project (e.g. therapeutic area, disease, type of intervention, etc.)

5.5.1 Keyword 1 *

5.5.2 Keyword 2

5.5.3 Keyword 3

Academic Referee

* indicates a required field

Please provide the details of your Academic Referee below, noting that:

- The Academic Referee cannot be your Primary Supervisor.
- The Referee chosen **must** also submit their report on the [Referee Report Form](#) by the **deadline and in confidence** to grants@hospitalresearch.org.au

6.1 Referee Details

6.1.1 Referee *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6.1.2 Referee's Position *

6.1.3 Referee's Primary Organisation *

6.1.4 Referee's Primary Phone Number *

6.1.6 Referee 1 Primary Email *

Applicant Checklist

Please ensure the following before submitting this application:

For all applicants

- ☐ Acknowledgement of your application to the enrolling institution has been uploaded in section 1.1.4 (if available)
- ☐ Evidence of citizenship, permanent residency, or valid student visa has been uploaded in section 2.2
- ☐ Up-to-date transcript(s) of your undergraduate and postgraduate qualifications applicable to your level of study have been uploaded in section 3
- ☐ You have uploaded your current curriculum vitae at section 3.3.3
- ☐ You have organised for your Primary Supervisor to provide a Primary Supervisor Statement to grants@hospitalresearch.org.au by the round deadline (refer section 4).
- ☐ Any applicable ethics approvals granted have been uploaded (refer Sections 5.2.2 and 5.3.2)
- ☐ A copy of your draft application has been provided to your supervisors and academic referees
- ☐ You have organised for an Academic Referee to provide an Academic Referee Report to grants@hospitalresearch.org.au by the round deadline (refer Section 6).

For international applicants only

- ☐ If applicable, a copy of your valid IELTS documentation or similar have been uploaded (refer section 2.2.5)

Applicant Declaration

* indicates a required field

Privacy Notice

The Hospital Research Foundation Group (THRF Group) collects personal information in order to assess, verify and manage applications. Further information about how THRF Group collects and manages personal information is set out in [THRF Group's Privacy Policy](#). By completing this application you agree to THRF Group collecting, using and disclosing your personal information for these purposes and in accordance with its Privacy Policy. If you provide personal information about other individuals in the application you agree to notify those individuals of THRF Group's Privacy Policy.

8.1 Declaration

I certify that to the best of my knowledge the statements made in this application and accompanying documentation are true and correct.

8.1.1 Applicant's Full Name *

8.1.2 Date *

Must be a date.