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**2022 CSANZ Research Scholarships**

Application form for funding commencing 2022

Closing date: 5pm on Monday, 11 October 2021

Late or incomplete applications will not be accepted.

Please note that this is the date when your application will be due at the CSANZ Secretariat, email: [info@csanz.edu.au](mailto:info@csanz.edu.au)

|  |  |  |  |
| --- | --- | --- | --- |
| **Scientific Project Title** |  | | |
| **Surname** |  | | |
| **First name** |  | **Title** |  |
| **Institute** |  | **State** |  |

The Cardiac Society of Australia and New Zealand

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ABN 23 003 635 505

**1. Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| **NB: All correspondence relating to this application will be sent to the applicant** | | | |
| **Surname** |  | | |
| **First Name** |  | **Title** |  |
| Current  Appointment |  | Commencement Date |  |
| Institution |  | | |
| Postal Address |  | | |
| Telephone |  | Mobile |  |
| Email |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tick if you have commenced your PhD (or equivalent degree)?** |  | **If so, when** (mm/yy) |  |

|  |  |  |
| --- | --- | --- |
| **Most recent & highest academic qualifications:** | | |
| **Year** | **Degree** | **Conferring Institution** |
|  |  |  |
|  |  |  |
|  |  |  |

**2. Scientific Project Title**

|  |
| --- |
|  |

**3. Administering Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Address |
| Administering Institution  (where funds will be administered) |  | |  |
| ABN |  |

**4. Present Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | | |
| **First Name** |  | **Title** |  |
| Qualifications |  | | |
| Institution |  | Department |  |
| Telephone |  | Mobile |  |
| Email |  | | |

**5. Proposed Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | | |
| **First Name** |  | **Title** |  |
| Qualifications |  | | |
| Institution |  | Department |  |
| Telephone |  | Mobile |  |
| Email |  | | |

**6. Referee nominees**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME** | **EMAIL** | **ATTACHED**  **Yes / No** |
| **REFEREE 1** |  |  |  |
| **REFEREE 2** |  |  |  |

**PLEASE NOTE: Two written referee reports must be submitted with this application and must be provided on the CSANZ Referee Report Form available to download from the CSANZ website www.csanz.edu.au**

**7. Research commitment**

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| --- |
| What proportion of your time will be spent conducting research?  **(Give your answer as a percentage)**  % |

**8. Other funding bodies**

|  |  |  |
| --- | --- | --- |
|  | | **YES / NO** |
| Is this application also under review by any other funding body? **If** **YES, please provide details** | |  |
| **Funding Body** | **Details of Application**  (include award category & reference number if known) | |
|  |  | |

**9. Proposed start / end date of scholarship**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date** |  |  | **End Date** |  |

**10. Clearance requirements**

Research funded by the CSANZ shall be conducted in accordance with the *NHMRC National Statement on Ethical Conduct in Human Research, 2007 (updated 2018*). Clearances for research that involve any of the following shall be obtained from the appropriate Ethics Committee and/or Biosafety Committee and submitted to the CSANZ before funding is released.

|  |  |  |
| --- | --- | --- |
|  |  | **YES / NO** |
| **1** | Does this project involve experiments on human subjects? |  |
| **If** **YES**, is Human Ethics Review Committee **approval attached**? |  |
| **2**  **2 (b)** | Does this project involve experiments on animals? |  |
| **If** **YES**, is Animal Ethics Review Committee **approval attached**? |  |
| **3** | Does this project involve genetic manipulation of organisms or the use of radioactive/carcinogenic / toxic chemicals? |  |
| **If** **YES**, is Institutional Bio-safety Committee **approval attached**? |  |

**11. Simplified project title**

(This should be suitable for publication in CSANZ newsletter, E-news etc)

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**12. Project synopsis**

**(15 LINES MAXIMUM)**

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| --- |
| Describe overall aims of the research and expected cardiovascular health outcomes. This should be suitable for publication in CSANZ newsletter, E-news etc. |
|  |

**13. Project significance**

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| (a) Specific Aims - List the specific aims of the project, including a clear statement of the specific aims and hypotheses to be tested (15 lines maximum) |
|  |

|  |
| --- |
| (b) Potential Outcomes - Focus on clinical or public health significance  (10 lines maximum) |
|  |

**14. Publications**

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| --- |
| Include publications (which have been published, or accepted for publication, in refereed journals in the last five years. The list should be numbered and each reference should include authors, journal name, journal title, year and page numbers. Please add impact factors and citations for each of your publications as well as the relative ranking of each journal within its field (if available). Please indicate the role you had in each of these publications. |
|  |

**15. Research career**

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| --- |
| Describe your overall career aspirations (HALF PAGE MAXIMUM). In particular, focus on your commitment to research, cardiovascular disease research and future career plans. |
|  |

**16. Track record**

|  |
| --- |
| Provide details (ONE PAGE MAXIMUM) of significance scientific achievements (excluding information provided in section 14 about publications). |
|  |

**17. Research plan and figures**

|  |
| --- |
| Applicants may attach up to **FOUR** **pages maximum** with their application, including references. Figures may be included within the four pages**.** |
| Fill in the box the number of pages included as attachment. |

**18. Signatures**

**(a) Applicant & Supervisor**

We certify that all details given in the application are correct and we agree to carry out the project in accordance with the CSANZ’s current Conditions of Award for Research Scholarships and in accordance with the principles of the *NHMRC Australian Code for the Responsible Conduct of Research (2018).*

By signing, we confirm that we have complied with all instructions in the application form and understand that failure to do so may result in the withdrawal of our application from the review process.

###### Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Signature |  | Date | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |

#### Supervisor

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Signature |  | Date | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |

###### (b) Head of Department

I certify that appropriate facilities will be available to the applicant if successful and that I am prepared to have the project carried out in accordance with the Conditions of Award for CSANZ Research Scholarships.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** |  | **Full Name** |  | |
| **Position** |  | | | |
| **Department** |  | **Institution** |  | |
| Signature |  | | Date | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |

**18. Signatures (cont’d)**

###### (c) Head/Nominee of administering institution

Icertify that this request satisfies the requirements of this institution, and that this institution has established administrative procedures for assuring sound scientific practice in accordance with the principles of the *Australian Code for the Responsible Conduct of Research* (2018).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Full Name** |  | | |
| **Position** |  | | | | |
| **Department** |  | **Institution** |  | | |
| Signature |  | | | Date | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |

###### (d) Verification by Research Administrative Officer

I verify that I have checked this application and that, to the best of my knowledge all instructions included in this form have been complied with and all relevant details are correct at the time of lodgement with the CSANZ. In addition, I verify this institution has established administrative procedures for assuring sound scientific practice in accordance with the principles of the *Australian Code for the Responsible Conduct of Research* (2018).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Full Name** |  | | |
| **Position** |  | | | | |
| **Department** |  | **Institution** |  | | |
| Phone |  | Fax |  | | |
| Email |  | | | | |
| Signature |  | | | Date | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |