

APPLICATION  
for  
AstraZeneca  
Career Development  
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](http://www.gesa.org.au)

# SPECIFIC CONDITIONS: Career Development Research Fellowship

## PURPOSE

This purpose of the Career Development Research Fellowship is to provide an opportunity for outstanding biomedical and health researchers with proved track records to undertake research that is of major importance in the broad field of gastroenterology, hepatology or related disorders. The Fellowship is intended to provide bridging support to allow GESA members to successfully apply to the NHMRC for either a Career Development Award or a Senior Research Fellowship. This fellowship is tenable in association with a gastroenterological unit (medical, surgical or paediatric) in a teaching hospital, a university department or research institution that has demonstrated interest in research into gastrointestinal health and disease. Applicants must hold a higher degree.

## VALUE

Current value of the Career Development Research Fellowship is \$85,000 p.a.

## 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);
- Be not more than five (5) years but no more than ten (10) years from the awarding of their postgraduate research degree and wish to make their career in Australia undertaking research in an Australian academic institution;
- Have a demonstrated role as an independent investigator committed to full-time research in gastroenterology/hepatology;
- Be a senior member of a team with current research funding as evidenced by project or program grant funding (i.e., from NHMRC, ARC, NIH, hospital foundation or university sources);
- 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 Career Development 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](http://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 Career Development Research Fellowship

Closing Dates 31 July 2010 & 28 February 2011

**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.

Supervisor's Signature \_\_\_\_\_

Title and Name \_\_\_\_\_

Date   /   /

**Certification by Head of Administering Institution**

(Head of Institution or Nominee)

I certify that (use capital letters) \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referees are to provide a supporting reference in relation to previous research work undertaken by the applicant in which you may have been involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# CHECKLIST

**Checklist of application requirements. This sheet must be completed.**

Applicant \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

Project Title \_\_\_\_\_

\_\_\_\_\_

	<b>Yes</b>	<b>No</b>
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"/>
Report of Proposed Fellowship Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Letter of Reference attached	<input type="checkbox"/>	<input type="checkbox"/>