

**SYLVIA AND CHARLES VIERTEL CHARITABLE FOUNDATION
SENIOR MEDICAL RESEARCH FELLOWSHIP**

(PLEASE EMAIL A PDF VERSION, AND POST 9 COPIES OF THE FULL APPLICATION)

APPLICATION FORM

PART A: TITLE PAGE

INSTITUTION

(to which funds will be paid)

CANDIDATE

1. Family name

2. Given names

(as shown on evidence of status as permanent resident)

3. Proof of Australian nationality or permanent resident status

(Attach a photocopy of Australian Birth Certificate, or Certificate of Citizenship, or first page of Australian Passport.)

4. Proof of research doctorate

5. Present department and address

Telephone no:

Mobile no:

Facsimile no:

Email address:

6. Title of project

7. Proposed commencement date

(Note: your application may be sent to two (2) or more independent assessors)

SPONSOR

7. Family name

8. Given names

9. Position and title

10. Department and address

Telephone no :

Facsimile no :

Email address :

REFEREES

11. Name and address of at least two (2) referees from whom reports have been sought

1.

2.

12. Contact person for notification of applicant's result

Name

Position

Department and address

Telephone no :

Facsimile no :

Email address :

PART B: CURRICULUM VITAE

Provide your full curriculum vitae as per 'Instructions for completing the application'.

PART C: THE RESEARCH PROJECT

1. PROJECT TITLE

2. SUMMARY OF PROPOSED RESEARCH (up to 200 words)

PART C: THE RESEARCH PROJECT

3. DETAILS OF RESEARCH PROJECT

(Provide information as requested in 'Instructions for completing the application')

PART C: THE RESEARCH PROJECT

4. ETHICS APPROVAL

The Foundation will consider applications where ethics approval has been sought. No award will be made until ethics approval has been granted by the Institutional Ethics Committees for Human and Animal experimentation respectively.

PART D: THE BUDGET AND JUSTIFICATION OF THE BUDGET

1. FUNDS FOR SENIOR RESEARCH FELLOW'S SALARY

| | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| Basic salary | | | | | |
| Clinical loading (if any) | | | | | |
| Superannuation / Institutional on-costs | | | | | |
| Total | | | | | |

2. PROJECT GRANT FUNDS (excluding Fellow's salary)

| Detailed Budget for 1st Year (Salaries, Consumables, Equipment, etc.) | Amount Requested \$ |
|---|-------------------------------|
| | |

3. JUSTIFICATION OF BUDGET

**PART E: THE SPONSOR, DEPARTMENT AND
INSTITUTIONAL SUPPORT**

A. SPONSOR'S RECOMMENDATION

I give an undertaking that, conditional only on the Fellow's sustained performance as a research worker:

- i) If a suitable vacancy arose in a Medical School or University or elsewhere I would be prepared to support the Fellow as a suitable candidate; or
- ii) I would hope, during the tenure of the Fellowship, to be able to arrange for the creation of a suitable new post for the Fellow.

Signature of Sponsor

Date

**PART E: THE SPONSOR, DEPARTMENT AND
INSTITUTIONAL SUPPORT**

B. SPONSOR INFORMATION

(Provide information requested in 'Instructions for completing the application')

**PART E: THE SPONSOR, DEPARTMENT AND
INSTITUTIONAL SUPPORT**

C. DEPARTMENTAL SUPPORT

Indicate the resources of the Department relevant to the support of the applicant and the general advancement of his or her research under the following headings :-

1. Academic Staff

2. Technical Staff

3. Financial Support

(Comment on departmental budget and on research funds available from various sources)

4. Institutional support available for Viertel Senior Medical Research Fellow

(Indicate extent of institutional support that will be available for the Fellow)

CERTIFICATION BY HEAD OF DEPARTMENT

I certify that I have read this application and I agree to this research being carried out in my department in accordance with the conditions set out in the 'Information and Instructions for Applicants and Sponsors.

Use Block letters

Surname

Title

Initials

Department

Signature

Date