

## **Application Form**

### Dust diseases care scholarships and fellowships program

Fellowship application form 2019

Candidate information

1.

Please note that applications must strictly adhere to the listed word limits. Any information provided beyond the word limit will not be considered.

1.1	Contact deta	ails				
Surname Given r		Given name(s)	ven name(s)		Title	
Add	dress					Suburb
Stat	:e	Postcode	Telephone		Email	
1.2	Is the candid	date an Australiar	n citizen/permaner	nt resider	nt?	
	Yes	lo				
If no	o, non-Australia	an Citizens/non-Per	rmanent Residents a	re not elig	gible to ap	pply.
	Type of fello	owship ope of fellowship is	being applied for?			
	Postdoctoral	Fellowship	Clinical Fellowship			
1.4	1.4 Has the candidate been awarded a PhD and/or equivalent degree qualifications?					
	Yes N	lo				
If yes, provide the name of the institution			If yes, ple	ease state	discipline area	
If yes, provide your date of completion (month, year)						

Please attach evidence of the Candidate's award of the PhD and/or equivalent degree qualifications



#### 1.5 Academic and relevant professional qualifications

Degree/Qualification title	Institution (and country)	Year first enrolled	Year graduated	Year withdrawn

Please attach certified copies of the Candidate's qualification(s), academic records/ transcripts Please attach copy of the Candidate's Curriculum Vitae which should include details of:

- Education, academic and professional qualifications
- Key research outputs and other relevant career achievements (eg. articles, reports, conference presentations. prizes or awards etc)
- · Employment history, relevant industry experience and/or appointments, and achievements

### 1.6 Has the candidate previously received award(s) for scholarship or fellowship funding?

Yes

No

If yes, please list details of the scholarship or fellowship funding award(s) in the table below

Grant/Award title	Funding source	Grant type	Total grant amount	Year(s) covered

Add more as an attachment

#### 1.7 Referees of the candidate

1.7.1 Profes	ssional referee				
Surname		Given name(s)		Title	
Position			Organisation		
Address				Suburb	
State	Postcode	Telephone	Email		

Please attach a statement of support from the Candidate's Professional Referee



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1.7.2 Project/pr	oposal referee					
Surname		Given name(s)			Title	
Position			Organisati	on		
Address					Suburb	
State	Postcode	Telephone	E	Email		
	Please attach a	statement of support	from the Ca	andidate	's Project Referee	
2. Eligible o	rganisation ir	nformation				
2.1 Contact de	tails					
Organisation			ACN/ABN (if applicable)			
Postal Address					Suburb	
State	Postc	ode	Website			
2.2 Can the or	nanisation admi	nister and manage p	aublic funde	-2		
	No	iistei aliu iiialiage į	Jublic Turius	<b>)</b> :		
103	110					
If no, this organis	ation is not eligibl	e to support and subi	mit this appli	cation		
2.3 Authorised	primary contac	t person from the e	ligible orga	nisatio	n	
Surname		Given name(s)			Title	
Position		Organisation				
Address				Suburb		
State	Postcode	Telephone	E	Email		
	Postcode	Telephone	E	Email	Suburb	



# 2.4 Nominated primary supervisor of the candidate from the eligible organisation This can be the same as the Primary Supervisor of the enrolling Institute if the person is also affiliated with this organisation. Surname Given name(s) Title Position Telephone **Email** 2.5 How the nominated primary supervisor from the eligible organisation will support the candidate Please describe how the qualifications and experience of the nominated Primary Supervisor from the Eligible Organisation are relevant to the Candidate's fellowship, will contribute to the Candidate's development and capability, and assist them to progress their career in dust diseases related fields (maximum 400 words).



### 2.6 How the eligible organisation will support the candidate

networking opportunities and industry contacts and connections, as well as the level and quality of mentoring and supervision to be offered to the Candidate for the term of the fellowship (maximum 400 words).

Please describe how the Eligible Organisation will support the Candidate to undertake the proposed research

Please attach a statement of support from the Eligible Organisation



### 3. Research/project proposal

### 3.1 Outline of the proposed research/project

Please describe the proposed project, including its purpose and objectives and how the research/project is of significance to and will benefit people living with, or at risk of developing, dust diseases. Highlight novel methods or technologies to be used and how the outcomes will be translated/implemented (maximum 500 words).
Short title
Description



### 3.2 Project timeline

Please provide a list of the key milestones of the project with an anticipated timeframe of when the milestone will be completed.

No.	Key project milestone	Completion date

Add more as an attachment

	3.3	Experience	of the	candidate
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Please describe what experience the Candidate has in respect of undertaking the proposed research/project that will contribute to the delivery of the key milestones (maximum 300 words).



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3.4 Opportunities provided to the candida
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Please describe how the proposal will provide the Candidate with opportunities to develop and further their skills and capabilities, and assist them with progressing their career in dust diseases relevant fields (maximum 300 words).
3.5 Will the proposed research/project activities be undertaken at an organisation(s) other than the eligible organisation?
Yes No
If no, proceed straight to section 3.7 Alignment with <i>Dust Diseases Board Grants Strategy</i> .
3.6 Host organisation(s)
If answered yes to section 3.5, please provide information about the other organisation(s) at which the activities of the proposed research/project will be undertaken during the term of the fellowship.
3.6.1 Details of host organisation(s)
Organisation name

Add more as an attachment



762	Doscription	of host	organication	involvement
5.0.2	Describtion	OI HOST	organisation	mvorvement

section 3.6.1. Include a description of the extent of collaboration between the Candidate, the Eligible Organisation and the Host Organisation(s) will provide suitable resources and facilities to support the Candidate during the fellowship term (maximum 300 words).					

Please describe the nature and extent of involvement in the research/project of each Host Organisation listed in

### 3.7 Alignment with the Dust Disease Board grants strategy

Please tick one or more of the following principles underpinning the Grants Strategy that the research project proposal mostly aligns to:

Benefits NSW workers with dust diseases and their families and contributes to a better quality of life of workers with dust diseases

Develop a better understanding of dust diseases in NSW, including epidemiology, to prevent the development of dust diseases among people at risk

Contributes to the effective administration and sustainability of the Dust Diseases Care scheme in NSW

Provides funding for novel and innovative benchtop research, new treatments and pilot programs to improve health outcomes and quality of life

Supports early stage innovations and ideas that can be turned into impact

Advances and accelerates the translation of research into policy and practice, delivering meaningful outcomes to workers

Fosters collaboration to develop and broaden expertise and leverage investment to increase impact

Builds capacity and capability; developing dust disease researchers of tomorrow.

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4. Term of fellowship									
4.1 How many years is the fellowship proposed for (only up to a maximum of 3 years)									
	years								
5.	Declarations								
5.1	Declaration by the candidate								
I ce	rtify that:								
а	1. To the best of my knowledge and belief, information contained in this application is true, correct and complete and I understand that the provision of false or misleading information will render me ineligible for fellowship funding from icare dust diseases care								
	have secured the support of an Elighis application	gible Organisation t	tc	o undertake the Research/ Project Proposal outlined in					
	o the best of my knowledge and be levelop and further my skills and ca			roject Proposal will provide opportunities for me to twith my career					
	have a minimum of 2 years full time ellowship)	work experience i	in	dust diseases relevant fields (if applying for a Clinical					
	consent to this application being soname	ubmitted by the Eli	ig	ible Organisation					
Sig	nature	Date (DD/MM/YYYY)							
5.2	Declaration by the eligible org	nanisation							
	rtify that:								
	am an authorised signatory of the l	Eligible Organisatio	or	n identified on this application					
2. T	his organisation supports the Cand	lidate with this app	oli	cation for fellowship funding					
3. T	3. This organisation has the capacity and capability to administer and manage public funds								
4. This organisation supports and endorses the Research/Project Proposal outlined in this application									
	5. This organisation is willing to provide the requisite level of support necessary for the supervision and mentoring of the Candidate during the term of the fellowship in respect of the Research/Project Proposal								
	6. This organisation is willing to provide the Candidate with the requisite access to resources, facilities and infrastructure in support of the Research/Project Proposal during the term of the fellowship								
f		_		the Research/Project Proposal will provide opportunities capabilities, and assist with their career in dust diseases					
8. T	his organisation's policies and prac	tices support ethic	ca	ll and moral scientific and research conduct					
а	pplication at which the Candidate		ac	ment of the Host Organisation(s) identified in this ctivities of the Research/Project Proposal					
Full	name		 	Position					

Signature

Date (DD/MM/YYYY)



### 6. Checklist of attachments

Please ensure the following documentation has been submitted with this application.

Evidence of the Candidate's award of a PhD degree or equivalent qualification

Certified copies of the Candidate's qualification(s), academic records/transcripts

Copy of the Candidate's Curriculum Vitae

Statement of support from the Candidate's Professional Referee

Statement of support from the Candidate's Project Referee

Statement of support from the Eligible Organisation

Any other relevant material in support of the application

### 7. Disclaimer

The submission of this application does not guarantee funding. The costs for producing and submitting the application are borne by the Candidate. **icare dust diseases care** can withdraw funding in described circumstances and dates can be changed.

Candidates should read the **icare dust diseases care's** *Scholarships and Fellowships Program Guidelines for Applicants 2019* to be fully informed of requirements.

### 8. Freedom of information

Information received in applications and in respect of applications is treated as confidential. However, documents held by the **icare dust diseases care** are subject to the *Government Information (Public Access) Act 2009*. This means that the information contained in application forms and other relevant information may be released in response to a request lodged under the Act.