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Dust Diseases Board Scholarships and Fellowships Program

Fellowship Application Form FY22/23

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

1. Candidate information

1.1 Contact details

Surname	Given name(s)	Title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Telephone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.2 Is the candidate an Australian citizen/permanent resident?

Yes No



If no, non-Australian Citizens/non-Permanent Residents are not eligible to apply.

1.3 Type of fellowship

Please tick what type of fellowship is being applied for?

Postdoctoral Fellowship Clinical Fellowship

1.4 Has the candidate been awarded a PhD and/or equivalent degree qualifications?

Yes No

Yes

If yes, provide the name of the institution	If yes, please state discipline area
<input type="text"/>	<input type="text"/>

No

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Degree/Qualification title	Institution (and country)	Year first enrolled	Year graduated	Year withdrawn

! Attach proof 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 Professional 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

1.7.2 Project/proposal referee

Surname	Given name(s)	Title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Position	Organisation		
<input type="text"/>	<input type="text"/>		
Address	Suburb		
<input type="text"/>	<input type="text"/>		
State	Postcode	Telephone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

2. Eligible organisation information

2.1 Contact details

Organisation	ACN/ABN (if applicable)	
<input type="text"/>	<input type="text"/>	
Postal Address	Suburb	
<input type="text"/>	<input type="text"/>	
State	Postcode	Website
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.2 Can the organisation administer and manage public funds?

Yes No

If no, this organisation is not eligible to support and submit this application

2.3 Authorised primary contact person from the eligible organisation

Surname	Given name(s)	Title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Position	Organisation		
<input type="text"/>	<input type="text"/>		
Address	Suburb		
<input type="text"/>	<input type="text"/>		
State	Postcode	Telephone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Telephone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.5 How will the nominated primary supervisor from the research organisation 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 will the research organisation support the candidate?

Please describe how the Eligible Organisation will support the Candidate to undertake the proposed research project. This description should highlight the provision of access to the necessary facilities and infrastructure, 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 attach a statement of support from the Eligible Organisation

3. Research/project proposal

3.1 Outline 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

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).

3.4 Opportunities provided to the candidate

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 *Dust Diseases Board Grants Strategy*.

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

3.6.2 Description of host organisation involvement

Please describe the nature and extent of involvement in the research/project of each Host Organisation listed in section 3.6.1. Include a description of the extent of collaboration between the Candidate, the Eligible Organisation and the Host Organisation(s), and how the Host Organisation(s) will provide suitable resources and facilities to support the Candidate during the fellowship term (maximum 300 words).

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.

4. Term of fellowship

4.1 How many years is the fellowship proposed for (up to a maximum of 3 years)

 years

5. Declarations

5.1 Declaration by the candidate

I certify that:

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**
2. I have secured the support of an Eligible Organisation to undertake the Research/ Project Proposal outlined in this application
3. To the best of my knowledge and belief, the Research/Project Proposal will provide opportunities for me to develop and further my skills and capabilities, and assist with my career
4. I have a minimum of 2 years full time work experience in dust diseases relevant fields (if applying for a Clinical Fellowship)
5. I consent to this application being submitted by the Eligible Organisation

Full name

Signature

Date (DD/MM/YYYY)

5.2 Declaration by the eligible organisation

I certify that:

1. I am an authorised signatory of the Eligible Organisation identified on this application
2. This organisation supports the Candidate with this application for fellowship funding
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
7. To the best of this organisation's knowledge and belief, the Research/Project Proposal will provide opportunities for the Candidate to develop and further their skills and capabilities, and assist with their career in dust diseases relevant fields
8. This organisation's policies and practices support ethical and moral scientific and research conduct
9. This organisation has secured the support and endorsement of the Host Organisation(s) identified in this application at which the Candidate will undertake the activities 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 current **Dust Diseases Board Scholarships and Fellowships Program Guidelines for Applicants** 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.