Dust Diseases Board

Application Form

Dust Diseases Board Scholarships and Fellowships Program

Fellowship Application Form 2021

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.

Contact details Surname Given name(s) Title Address Suburb State Postcode Telephone **Email** 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 Nο If yes, provide the name of the institution If yes, please 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| Degree/Qualification title | Institution (and country) | Year first enrolled | Year graduated | Year withdrawn |
|----------------------------|---------------------------|------------------------|-------------------|-------------------|
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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

Nο

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 |
|-------------------|----------------|---------------|--------------------------|--------------------|
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Add more as an attachment

1.7 Referees of the candidate

1.7.1 Professional referee

| Surname | | Given name(s) | | Title | 1 |
|----------|----------|---------------|--------------|--------|---|
| Position | | | Organisation | | |
| | | | | | |
| Address | | | | Suburb | |
| | | | | | |
| State | Postcode | Telephone | Email | | |
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Please attach a statement of support from the Candidate's Professional Referee

| 1.7.2 Project, | /proposal referee | | | |
|------------------|-------------------------|------------------------|--------------------|----------------------|
| Surname | | Given name(s) | | Title |
| | | | | |
| Position | | | Organisation | |
| | | | | |
| Address | | | | Suburb |
| | | | | |
| State | Postcode | Telephone | Email | |
| | | | | |
| | Please attach a | statement of support f | rom the Candida | te's Project Referee |
| 2. Eligible | e organisation ir | nformation | | |
| 2.1 Contact | details | | | |
| Organisation | | | ACN/ABN (if ap | plicable) |
| | | | | |
| Postal Address | S | | | Suburb |
| | | | | |
| State | Postc | ode | Website | |
| | | | | |
| 2.2 Can the | organisation admir | nister and manage pu | blic funds? | |
| Yes | No | | | |
| | | | | |
| If no, this orga | nisation is not eligibl | e to support and submi | t this application | |
| | ed primary contac | t person from the elig | gible organisat | |
| Surname | | Given name(s) | | Title |
| | | | | |
| Position | | | Organisation | |
| | | | | |
| Address | | | | Suburb |
| | | | | |
| State | Postcode | Telephone | Email | |
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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. Title Surname Given name(s) 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). Wordcount:

2.6 How the eligible organisation will 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). Wordcount:

Please attach a statement of support from the Eligible Organisation

3. Research/project proposal

| Please describe the proposed project, including its purpose significance to and will benefit people living with, or at risk or technologies to be used and how the outcomes will be to | of developing, dust diseases. Highlight novel methods |
|--|---|
| Short title | |
| | |
| Description | Wordcount: |
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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 |
|-----|-----------------------|-----------------|
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Add more as an attachment

| 3.3 | Experience | of the | candi | date |
|-----|------------|--------|-------|------|
|-----|------------|--------|-------|------|

| 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). | Wordcount: |
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| 3.4 Opportunities provided to the candida | 3.4 | Opportunities | provided to | the | candidat |
|---|-----|---------------|-------------|-----|----------|
|---|-----|---------------|-------------|-----|----------|

| 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). | Wordcount: | | |
| | | | |
| 3.5 Will the proposed research/project activities be undertaken at an organisation(s) of eligible organisation?Yes No | her than the | | |
| 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 | |
|-------------------|--|
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Add more as an attachment

3.6.2 Description of host organisation involvement

1 21 11

| vship term (maximum 30 | 0 words). | Wordcoun |
|------------------------|-----------|----------|
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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: | |
| To the best of my knowledge and belief, information or and I understand that the provision of false or mislead funding from icare dust diseases care | |
| 2. I have secured the support of an Eligible Organisation this application | to undertake the Research/ Project Proposal outlined in |
| 3. To the best of my knowledge and belief, the Research, develop and further my skills and capabilities, and assi | |
| 4. I have a minimum of 2 years full time work experience Fellowship) | in dust diseases relevant fields (if applying for a Clinical |
| 5. I consent to this application being submitted by the El Full name | igible Organisation |
| | |
| Signature | Date (DD/MM/YYYY) |
| | |
| | |
| 5.2 Declaration by the eligible organisation | |
| I certify that: | and interpretation of the control of |
| 1. I am an authorised signatory of the Eligible Organisation | |
| 2. This organisation supports the Candidate with this app | |
| 3. This organisation has the capacity and capability to ac | - · |
| 4. This organisation supports and endorses the Research | |
| of the Candidate during the term of the fellowship in re | el of support necessary for the supervision and mentoring espect of the Research/Project Proposal |
| This organisation is willing to provide the Candidate w infrastructure in support of the Research/Project Prop | |
| | f, the Research/Project Proposal will provide opportunities d capabilities, and assist with their career in dust diseases |
| 8. This organisation's policies and practices support ethic | cal and moral scientific and research conduct |
| 9. This organisation has secured the support and endors application at which the Candidate will undertake the | |
| 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.