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Dust Diseases Board Scholarships and Fellowships Program

PhD Scholarship Application Form FY23/24

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 Has the candidate been accepted or enrolled as a PhD student?

Yes No



If yes, provide name of Institution	If yes, please state discipline area
<input type="text"/>	<input type="text"/>
If yes, provide your date of commencement (month, year)	
<input type="text"/>	

! Please attach evidence of the Candidate's acceptance as a PhD student at an Institution

1.4 Academic and relevant professional qualifications

Degree title	Institution (and country)	Year first enrolled	Year graduated	Year withdrawn

! Attach proof Please attach certified copies of the Candidate’s academic records/ transcripts
 Please attach copy of the Candidate’s Curriculum Vitae which should include details of:

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

1.5 Is the candidate currently receiving scholarship or award 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

Note - If the Candidate is awarded a scholarship from another source subsequent to the completion and lodgement of this application form, **icare Dust Diseases Care** must be notified.

1.6 Referees of the candidate

1.6.1 First referee – Primary supervisor from the enrolling institution

Surname Given name(s) Title

Position Organisation

Address Suburb

State Postcode Telephone Email

! Please attach a statement from the Candidate’s Primary Supervisor supporting the application

1.6.2 Second 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 from the Candidate's second referee supporting the application

2. Administering 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 Does the organisation support the candidate and research proposal?

Yes No

2.4 Authorised primary contact person from the administering organisation

Surname	Given name(s)	Title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Position			
<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"/>

3. Research organisation information

3.1 Is the research organisation also the administering organisation?

Yes No



If yes, proceed straight to *section 3.4 Nominated Primary Supervisor of the Candidate from the Research Organisation* if the Contact Details and Authorised Primary Contact are the same.

3.2 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"/>

3.3 Authorised primary contact person from the research organisation

Surname	Given name(s)	Title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Position			
<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"/>

3.4 Nominated primary supervisor of the candidate from the research 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			
<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"/>

3.5 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 Research Organisation are relevant to the Candidate's PhD discipline, and will contribute to the Candidate's development and encourage them to continue their career in dust diseases related fields (maximum 450 words).

3.6 How will the research organisation support the candidate?

Please describe how the Research Organisation will support the Candidate to undertake the proposed research. This description should highlight the provision of access to the necessary facilities and infrastructure, as well as the level and quality of mentoring and supervision to be offered to the Candidate for the term of the scholarship (maximum 450 words).

4. Research proposal

4.1 Outline the proposed research project

Please describe the proposed research project, including its purpose and objectives and how the 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 research findings will be translated/implemented (maximum 500 words).

Project title

Description

4.2 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

4.3 Alignment with the Dust Diseases 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.

5. Term of scholarship

5.1 How many years is the scholarship proposed for (up to a maximum of 3 years)

 years

6. Declarations

6.1 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 PhD Scholarship funding from the Dust Diseases Board
2. I have secured relevant supervision from an Australian University or equivalent institution for the term of the scholarship
3. I have secured the support of an Administering Organisation and Research Organisation
4. I consent to this application being submitted on my behalf by the Administering Organisation

Full name

Signature

Date (DD/MM/YYYY)

6.2 Declaration by the administering organisation

I certify that:

1. I am an authorised signatory of the Administering Organisation identified on this application
2. This organisation supports the Candidate with this application for PhD scholarship funding
3. This organisation has the capacity and capability to administer and manage public funds
4. This organisation supports and endorses the Research Proposal outlined in this application
5. This organisation's policies and practices support ethical and moral scientific and research conduct

Full name

Position

Signature

Date (DD/MM/YYYY)

6.3 Declaration by the research organisation

I *If the Administering and Research Organisations are the same, this section must still be completed.*

I certify that:

1. I am an authorised signatory of the Research Organisation identified on this application
2. The Candidate has the agreement and support of this organisation to undertake the Research Proposal described in this application
3. 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 scholarship in respect of the Research Proposal
4. This organisation is willing to provide the Candidate with the requisite access to resources, facilities and infrastructure in support of the Research Proposal during the term of the scholarship
5. This organisation's policies and practices support ethical and moral scientific and research conduct

Full name

Position

Signature

Date (DD/MM/YYYY)

7. Checklist of attachments

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

- Evidence of the Candidate's acceptance/enrolment of a PhD degree or equivalent qualification
- Certified copies of the Candidate's academic records/transcripts
- Copy of the Candidate's Curriculum Vitae
- Statement from the Candidate's Primary Supervisor supporting the application
- Statement from the Candidate's second referee supporting the application
- Any other relevant material in support of the application

8. 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.

Applicants should read the current **Dust Diseases Board's Scholarships and Fellowships Program Guidelines for Applicants** to be fully informed of requirements.

9. 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.