



David Cooper Fellowship/Scholarship Expressions of Interest

Please select the category of grant applied for:

I wish to apply for the Fellowship

I wish to apply for the Scholarship

Please select your area of clinical practice below:

Medical Nursing Allied Health Discovery Science (laboratory based)

1. APPLICANT PERSONAL DETAILS

Title:
Family Name:
Given Names:
DOB:
Gender (Female/Male/Other):
Address:
Phone Number:
Email Address:

2. APPLICANT WORK DETAILS

Current employer (LHD/Hospital):
Department:
Current Position/Title:
FTE:
Discipline/Profession:
Current Employment Status (Casual, Temp, Perm):
Part time or Full time:
Position nominated to be replaced by fellowship:
FTE to be dedicated to fellowship (min 0.6, max 0.8):
Support from Line Manager and Head of Department

Line Manager Name:
Line Manager Position Title:
Line Manager Phone Number:
Line Manager Email Address:
Head of Department Name:
Head of Department Position Title:
Head of Department Phone Number:
Head of Department Email Address:
Support from Line Manager & Head of Department: Yes/No

3. APPLICANT EDUCATION DETAILS

Highest Qualification:
Year Awarded:
Institution:

4. SUMMARY OF RESEARCH EXPERIENCE

Please outline your previous research experience, e.g. Research activities, roles, time commitment and research outputs. (Maximum 300 words)

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5. FACTORS AFFECTING RESEARCH EXPERIENCE

Applicants are invited to provide details of any aspect of their career, or opportunities for research, that may be relevant to assessment. E.g. Interruption to career or other circumstances that may have impacted on research experience/progress. (Maximum 300 words)

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6. RESEARCH VISION

Please outline your research career vision, including aims and goals after completion of the Health Research Fellowship or scholarship. (Maximum 300 words)

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7. ABSTRACT FOR PROPOSED STUDY

Please provide an abstract that details your proposed study. (Maximum two pages)

Research questions/hypotheses: Aims: Methods: Sample population: Techniques: Achievability/feasibility within timeframe: Anticipated outcomes: Milestones: Significance:
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8. RESEARCH SUPPORTS

a) Have you identified and gained support from a potential Principal Supervisor? Yes No

If Yes, please provide details.

Name:
Title:
Institution/Department:
Phone Number:
Email Address:

b) Have you contacted a St Vincent’s Hospital Sydney Research Active Unit who has agreed to support you whilst undertaking this fellowship or scholarship within their unit?

If Yes, please provide details.

Name:
Title:
Institution/Department:
Phone Number:
Email Address:

9. APPLICANT CERTIFICATION

a) I declare that the information supplied by me on this form is complete, true and correct.

- b) I confirm that, if successful, during the period of the Fellowship/Scholarship, I will not be in receipt of more than 40% percent paid time employment as it relates to the research project undertaken in the course of the project
- c) I agree to abide by the guidelines and conditions for applicants
- d) I declare that I have communicated with my line manager and department head regarding this application EOI and have full support from both to proceed to full application if successful.
- e) I have attached as a separate document, a recent copy of my Curriculum Vitae (CV).

FULL NAME		SIGNATURE	
POSITION TITLE		DATE	

APPLICATION CLOSING DATE : 20 September 2019

Submit applications to : philip.cunningham@svha.org.au