

EXPRESSION OF INTEREST TO SUBMIT A HOPKINS CENTRE FELLOWSHIP APPLICATION FOR FUNDING TO COMMENCE IN 2019

1. APPLICANT DETAILS		
Title:	First Name:	Last Name :
Email Address:		Date of award of PhD (if relevant):
Dept / Organisation:		Position:
Proposed Co-Supervisor:		Position:
Proposed site/s for the Fellowship:		

<input type="checkbox"/>	I confirm that I have a full time position and have attached requisite approval from my organisation.
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2. EDUCATION & PROFESSIONAL DETAILS

2.1 Please outline your education and professional qualifications (or attach your resume)

QUALIFICATION	INSTITUTION	YEAR AWARDED	FOCUS OF QUALIFICATION

2.2 Please provide any additional information about your professional or education qualification to support your application (max 200 words and list any attachments here).

(please list any relevant publications or reports as well as any relevant training or significant workplace experiences)

3. DETAILS OF THE FELLOWSHIP PROPOSAL

3.1 Please indicate which Fellowship you wish to apply for:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I wish to apply for a Short Term Intensive Clinical Fellowship |
| <input type="checkbox"/> | I wish to apply for a Clinician-Researcher Fellowship |

3.2 Please provide a summary of your proposed research work for your Fellowship and include the aims and significance. (max ½ page. Use plain English)

3.3 Briefly outline your current work [research and clinical work] to highlight your past experience and its relevance to the proposed research topic. Please also include details of your career plan following the Fellowship. (max ½ page)

Clinician-Researcher Fellowship Applicants only:

3.4 Please provide a research proposal including the background of the research project, justification of the approach and location/s as well as a detailed outline of the work to be performed. In the background and justification, please highlight the research problem or challenge and the gap in knowledge. Please provide any existing evidence to support the proposal. References are to be included and are not part of the word count. (max. 2 pages).

3.5 Please describe the proposed outcomes and beneficiaries of the Fellowship (max. ½ page)

3.6 Please outline your plans and timeframe for applying, promoting, disseminating the Fellowship outcomes. (max. ½ page)

4. OTHER FUNDING

4.1 Please identify any current or previous Fellowships, or current Fellowship applications and indicate the status of this support.

Scheme/Program	Amount Awarded (or applied for)	Time Period	Current Status

Clinician-Researcher Fellowship Applicants only:

4.2 Please indicate how the position will be supported over the 12 to 18 months period and any cash or inkind contributions that will be made to the position.

Save your form as a PDF file using the following naming convention:

Your Surname_Scheme_EOI.pdf

Eg. Smith_THCFellowships2018_EOI.pdf

and email the form to hopkinscentre@griffith.edu.au