**NORMAN BEISCHER EARLY- MID-CAREER**

**CLINICAL RESEARCH FELLOWSHIP APPLICATION**

**FOR FUNDING FOR THREE YEARS**

**FROM THE 2020 CALENDAR YEAR.**

**NORMAN BEISCHER MEDICAL RESEARCH FOUNDATION**

**ABN 26 005 864 282**

**DOCUMENT RESTRICTIONS**

1. **APPLICATIONS ARE TO BE NO MORE THAN 12 PAGES -   
   ADDITIONAL PAGES WILL NOT BE CONSIDERED**
2. **TEXT FORMAT IS TO BE ARIAL SIZE 11 OR GREATER**
3. **PLEASE DELETE THESE RESTRICTIONS FROM YOUR COMPLETED APPLICATION**

**Applicant:**

Name:

Qualifications:

Date each qualification obtained:

Address:

Email:

Phone:

Supporting Organisation

I, the applicant for a Norman Beischer Early-Mid-Career Clinical Research Fellowship, have read the Guidelines for Applicants and state that I meet the terms and conditions of the Fellowship.

Signature

Date:

1. **FELLOWSHIP DETAILS**
   1. Time Spent on Project (FTE):
   2. If you anticipate any periods of absence, please provide details, including justification:
   3. Provide details of research support awarded to you over the last five years (including funding body, type of grant, funding amount and your role):
   4. Outline your career objectives over the next five-years including how these objectives will be assisted by the awarding of a Fellowship to you:

# 2.0 SUPPORTING ORGANISATION

Noting that a separate letter is required from the organisation providing support to the successful Fellowship applicant, please provide a brief outline of the support to be provided by the organisation (maximum 300 words).

# 3.0 RESEARCH PROJECT TITLE

**4.0 LAY SUMMARY**

Provide a plain language summary of the research project indicating what type of study for what purpose (maximum 500 words). If the project is funded by the Foundation, this summary may be placed on the Foundation’s website. Please ensure that the summary is written in lay terms.

# 5.0 SCIENTIFIC DESCRIPTION

Introduce the research project, state aims and include latest literature review.

# 6.0 OBJECTIVES

State the hypothesis, aims and objectives of the project.

**7.0 LENGTH OF STUDY/PROJECT**

Outline the estimated timeframe of the study, from enrolment of participants to study completion.

# 8.0 STUDY/PROJECT DESIGN

Describe the design of the project, including selection (randomized, prospective, blind, etc) of participants, length of recruitment process, expected number of participants (justified through power analysis information), method of statistical analysis and expected project benefits. Also specify any data and safety monitoring body involved in the project.

**9.0 INNOVATION AND BENEFIT**

Describe how the proposed research project is innovative and its benefit to patient care.

# 10.0 ANTICIPATED OUTCOMES AND TIMINGS

Describe the anticipated outcomes of the project and estimate the length of time before the research translates into improved patient outcomes.

# 11.0 INFORMED CONSENT

Outline the process by which participants will be informed of the purpose of the study, what is involved in participation, proposed duration of the study, foreseeable risks and potential benefits of the study and randomisation of study groups.

**12.0** **ETHICS APPROVAL**

Provide details as to the status of ethics approval for the project from the relevant organisation. Successful Fellowship applicants will need to submit a certificate of ethics approval.

**13.0** **BUDGET**

Provide a detailed costing of all salaries, consumables and equipment required to complete the project for each of the three years of the Fellowship.

**14.0** **REFERENCES**

List any references that are relevant to statements made above.

**15.0 RESEARCH INSTITUTION**

Provide the name, address and ABN of the research institution with which you are associated that will be receiving the grant and administering its use.

**16.0 REFEREES**

Provide the name, address and contact telephone number of three referees. One referee should be the person to whom you currently report, one should be someone to whom you have reported recently and the third should be someone who has known you for some years and who can give you a non-clinical reference.

**17.0 CLINICAL APPOINTMENT**

Provide details of your current clinical appointment(s).