**Future Health Research and Innovation (FHRI) Fund Clinician Researcher Training (CRT) Scholarship 2022-23**

# **Candidate Scholarship Application Form**

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| Candidate Details | |
| Name |  |
| Position |  |
| Gender Identity | Male  Female  Non-binary  Prefer not to say |
| Aboriginal or Torres Strait Islander | Yes  No  Prefer not to say |
| Employing Health Services Provider or Public-private Partnership Provider |  |
| HSP/PPPP Department/Site |  |
| Employment status | Permanent  Contract  Full-time  Part-time |
| Current FTE |  |
| Employment start date |  |
| Advertised Higher Degree by Research Project Title |  |
| University | Curtin University |
| Higher Degree by Research type | PhD  Masters |
| Proposed enrolment type | 1.0 full time equivalent  0.5 full time equivalent |
| Proposed Clinical FTE |  |
| Attachments   1. Curriculum Vitae (max 4 pages) 2. Two most recent academic transcripts (e.g. Honours & Bachelors, Masters & Honours)   *Your CV should include a summary of your educational background and demonstrate the research skills and relevant experience you have that make you capable of undertaking a research degree.  We recommend you include 1) your contact details 2) research interests 3) education background 4) research and work experience 5) awards and prizes 6) relevant skills and experience, 7) publications and conferences, 8) professional memberships, 9) referees.* | |
| **Outline any career disruptions or ‘relative to opportunity’ considerations that should be taken into account in assessing track record.** *(maximum 200 words)* | |
|  | |
| In this section, please explain how you have the appropriate educational/research/career background within the field of the HDR project including technical skills and research-related knowledge.  *Ensure you outline how your qualifications and experience meet the eligibility criteria for Master or PhD (as applicable) at the host University.* [*CRT Program Guidelines and Conditions*](https://fhrifund.health.wa.gov.au/~/media/FHRI/Documents/CRT-Program/CRT-Guidelines-and-Conditions.pdf)*.* | |
| Relevant qualifications | |
|  | |
| Relevant clinical experience  *(maximum 200 words)* | |
|  | |
| **Relevant research experience**  *(maximum 200 words)* | |
|  | |
| **Publications**  *Author, Author, etc. (year). Title, Journal, Volume (Issue), Page numbers, DOI. Underline your name.* | |
|  | |
| **Candidate Statement**  *Outline your commitment, expertise and motivation for a clinical* ***and*** *clinical research career, including relevant organisational skills and personal attributes.*  *(maximum 300 words)* | |
|  | |
| **Commitment to the project and undertaking an HDR program**  *Explain what attracts you to* ***this*** *project and to undertaking an* ***HDR*** *program (maximum 200 words)* | |
|  | |
| **Commitment to the HSP (please complete if you are applying to a WACHS program only)**  *Outline your commitment to ongoing rural practice, including how you see this program enhancing your career in rural health (maximum 200 words)* | |
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| Scholarship Candidate certification | | |
| I certify that:   1. the information provided is complete, true and correct in every particular. 2. if successful I agree to reassign my rights to Intellectual Property (IP) while undertaking this HDR, to the University | | |
| **Title, First Name, SURNAME** | |  |
| **Position** | |  |
| **Signature** | |  |
| **Date** | |  |
| **Telephone number** | |  |
| **Email address** | |  |
| Health Service Provider Endorsement | | |
| I certify that:   1. where applicable, the prospective candidate can be released from their current duties down to the proposed clinical FTE indicated (maximum of 0.5FTE part-time and 0.2FTE full-time) to participate in this program 2. the prospective candidate has approval to apply for this program | | |
| **Title, First Name, SURNAME** |  | |
| **Position** |  | |
| **Signature** |  | |
| **Date** |  | |
| **Telephone number** |  | |
| **Email address** |  | |
| University Lead Researcher Endorsement | | |
| I certify that:   1. I support this prospective candidate to apply for this program | | |
| **Title, First Name, SURNAME** |  | |
| **Position** |  | |
| **Signature** |  | |
| **Date** |  | |
| **Telephone number** |  | |
| **Email address** |  | |
| **The candidate must return the completed form to** [**ROC.GRS@curtin.edu.au**](mailto:ROC.GRS@curtin.edu.au) **no later than  31 March 2023 for consideration by the scholarship selection committee.** | | |

*This document can be made available in alternative formats on request for a person with a disability***.**