**Part A. Application form**

The *I. Peter Farrell SpinalCure Fellowship*

# Introduction

A complete application for the *I. Peter Farrell SpinalCure Fellowship* comprises the following Parts:

1. Application form
   * i.e. ***this*** application form
   * all fields must be completed and all information must be provided
2. Project proposal
3. Career context statement
4. List of Top 10 publications in the past 10 years
5. Letters of support from industry partners (where relevant)

Only complete applications will be accepted.

Both the candidate and the Deputy Vice Chancellor (Research), or their delegate, must sign and date this Application form (i.e. Part A) before submitting the complete application (including this form and all other Parts), by email to [grants@spinalcure.org.au](mailto:grants@spinalcure.org.au).

# Project title

|  |
| --- |

# Project summary

| 1000-characters/150-200 words limit |
| --- |

# Research classification

|  | |
| --- | --- |

## ANZSRC Field of Research (FoR) classification[[1]](#footnote-0)

| Select ***up to*** 3 Fields of Research, at the 6-digit level, that best describes the Project proposal. | | |
| --- | --- | --- |
| **Number** | **6-digit (Field) FoR Code** | **Field description** |
| 1. | [Code] |  |
| 2. | [Code] |  |
| 3. | [Code] |  |

## Key words

| Provide ***up to*** 6 key words that best describe the Project proposal. | |
| --- | --- |
| 1. [Enter text]  2. [Enter text]  3. [Enter text] | 4. [Enter text]  5. [Enter text]  6. [Enter text] |

## 

## Fellowship objective

| Select one of the following research areas (as outlined in the Grant Guidelines) that best describes the focus of the Project proposal. |
| --- |
| ☐ Research aimed at repairing the injured cord by facilitating the regrowth of functional neuronal tissue.  ☐ Research investigating the control of the inflammatory response in acute injuries. |
| *Note that the Project proposal provides flexibility to explore and elaborate on these objectives* |

## Industry partners

| Does the proposal include an Industry partner(s)? | |
| --- | --- |
| ☐ No | ☐ Yes |
| If Yes, please name the partner |  |
| **Partner Name** | **Letter of Support** |
| [Name] | ☐ Yes ☐ No |
| [Name] | ☐ Yes ☐ No |
| [Name] | ☐ Yes ☐ No |
| [Name] | ☐ Yes ☐ No |

# Does the proposal involve international collaboration?

| ☐ Yes ☐ No  If Yes, please indicate ***key*** international collaborators[[2]](#footnote-1) |
| --- |

| **Collaborator name:** |  |
| --- | --- |
| **Collaborator’s Host institution:** |  |
| **Brief description of collaborator’s involvement:** | 500-characters/75-100 word limit |

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| --- | --- |
| **Collaborator’s Host institution:** |  |
| **Brief description of collaborator’s involvement:** | 500-characters/75-100 word limit |

# Candidate details

## Contact information

| **Title** | **Given names** | **Surname** |
| --- | --- | --- |
|  |  |  |

| **Work phone** | **Work email** |
| --- | --- |
|  |  |

| **Postal address (Line 1)** |  | |
| --- | --- | --- |
| **Postal address (Line 2)** |  | |
| **Suburb/Town** |  | |
| **State:** | **Post code:** | **Country:** |

## Candidate’s ORCID (Open Researcher and Contributor) Identification

| **ORCID ID:** | [Enter ORCID ID] |
| --- | --- |

## Academic **qualifications/awards**

Include all university qualifications, awards, and honours.

| **Qualification/Award** | **Where awarded** | **Year** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Current **appointment/s**

| **Current appointment/s** | **Location** |
| --- | --- |
|  |  |
|  |  |
|  |  |

## **Previous appointment/s**

| **Previous appointments by year** | **Location** |
| --- | --- |
|  |  |
|  |  |
|  |  |

## Demographics

The following question is designed to help inform future demographic analysis. It is ***optional***.

| **Do you identify as:** | | |
| --- | --- | --- |
| Male ☐ | Female ☐ | Other ☐ |
| **Do you identify as:** | | |
| Aboriginal ☐ | Torres Strait Islander ☐ |  |

# Host institution

## Name and address

| **Full legal name of Host Institution** | <entity name> |
| --- | --- |
| **Australian Business Number (ABN)** | <ABN> |
| **Postal address** | <address> |
| **Street address** | <address> |

| **Is the Host institution an approved NHMRC Administering Organisation?** | | |
| --- | --- | --- |
| Yes ☐ | No ☐ |  |

## Deputy Vice Chancellor (Research) *– or equivalent*

| **Title** | **Given names** | **Surname** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

| **Work phone** | **Work email** |
| --- | --- |
|  |  |

## DVC-R’s (or equivalent) delegated Research Administration Officer

| **Title** | **Given names** | **Surname** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

| **Work phone** | **Work email** |
| --- | --- |
|  |  |

# Certification

| Before certifying, check that all Parts of the grant application are complete: |
| --- |
| ☐ Part A. Application Form (this form)  ☐ Part B. Project proposal |
| ☐ Part C. Career context statement  ☐ Part D List of Top 10 publications |
| ☐ Part E. Industry partner Letter of Support |

## Candidate’s signature

In signing this application form, the candidate acknowledges that they:

* have read the Grant Guidelines
* will be bound by a Funding agreement[[3]](#footnote-2) between their Host institution and SpinalCure Australia, if their application is successful

| **Candidate name:** |  |
| --- | --- |
| **Host institution name:** |  |
| **Candidate signature:** |  |
| **Date:** |  |

## DVC-R’s signature and certification

In signing this application form, the DVC-R (or delegate) acknowledges and certifies that they:

* have read the Grant Guidelines
* commit the Host institution to fully supporting the candidate to complete the Project proposal detailed in application, if their application is successful
* will be bound by the conditions of the Funding agreement

| **DVC-R/Delegate name:** |  |
| --- | --- |
| **Host institution name:** |  |
| **DVC-R/Delegate signature:** |  |
| **Date:** |  |

1. Refer to the Australian and New Zealand Standard Research Classification Codes (*ANZSRC 2020 FoR - structure, definitions and explanatory notes)*, available at: https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-research-classification-anzsrc/latest-release#data-downloads [↑](#footnote-ref-0)
2. If more than 4 international collaborators are to be named, then those unable to be included in this form can be named and explained in the Project proposal. [↑](#footnote-ref-1)
3. A sample Funding Agreement is available on the SpinalCure Australia website. [↑](#footnote-ref-2)