SCHOLARSHIP APPLICATION - Special Research Grants Program ‘*Trauma Care in Regional, Rural and Remote Queensland*’

Clinicians interested in emergency medicine research to improve emergency trauma care but do not have any prior research experience can apply for a scholarship to attend a university course for training in emergency healthcare research. Scholarship applications **close on 28 July 2023 at 5:00pm AEST**. This template can be used to complete your application prior to submitting via [SmartyGrants](https://emfqld.smartygrants.com.au/).

Please refer to the Funding Guidelines available on [EMF website](https://emergencyfoundation.org.au/trauma-care/) to ensure you meet the eligibility criteria and for detailed information on completing your application.

Please note SmartyGrants is not Word compatible therefore the online grant application will need to be populated by copying the content into the online form. There is no requirement to upload this working template to SmartyGrants. Should you have any questions please contact the EMF Research Team on (07) 3720 5700 or email grants@emfoundation.org.au.

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| **1.**  | **Applicant:** [Title - First name – Last Name] |

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| **2.**  | **Administering Institution:** [Please refer to Section 3.2 of the Funding Guidelines. The applicant must have a formal affiliation with the Administering Institution; the affiliation must be clearly shown. A tenuous connection to the Administering Institution will not be accepted.] |

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| **3.**  | **Please describe your current clinical role and how you meet the eligibility criteria for scholarship applicants in the Trauma Care program.**[Max 150 words. Please refer to Section 3.1 of the Funding Guidelines.] |
|  | [Your response here] |

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| **4.**  | **Which course are you interested in attending?**[Please refer to Section 2 of the Funding Guidelines.] |
|  | 🞏 Emergency Medicine Research Course (Monash University)🞏 Short course: Conducting High-Quality Health Research (University of Tasmania) |

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| **5.**  | **Please describe your availability to attend the course.**[For example, please provide information on your clinical load and how many hours per week you can commit to the research training. Will these hours be committed outside of your clinical duty, will you be using professional development leave, or do you have your Head of Department’s permission to attend the course within working hours?] |
|  | [Your response here] |

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| **6.**  | **Please describe your interest in research and outline your prior research experience, if any.** [Max 300 words.] |
|  | [Your response here] |

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| **7.**  | **Please outline your future research plans after completing the course.** [Max 300 words. This might include for example how a future engagement in research may be beneficial to your career progression or investigating an area of interest.Please note that successful applicants must complete the course and commit to submitting a grant proposal of sufficient quality to any of EMF’s research grants programs within two years of completing the course.] |
|  | [Your response here] |

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| **8.**  | **Please explain how attending a university course funded by an EMF scholarship will help you gain the required research knowledge and training.**[Max 150 words.] |
|  | [Your response here]  |

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| **9.**  | **Curriculum vitae**[Please upload a short and recent CV of 2-3 pages.] |

**Contact Details**

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| **10.** | **Applicant**  |
|  | **Name:**  |
|  | **Institution, Department and Position:**  |
|  | **Primary Postal Address:**  |
|  | **Primary Phone Number:** |
|  | **Mobile Phone Number:** |
|  | **Primary Email Address:** |

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| **11.** | **Contact for Administering Institution** [The Administering Institution will be responsible for the administration of the funding should the application be approved by EMF. In this case, EMF will issue the Funding Agreement to the Administering Institution via the contact person nominated in this section. The contact person should be the Research Governance Officer, Business Manager or equivalent.] |
|  | **Title – First name – Last name:** |
|  | **Administering Institution Contact – Institution and Department:** |
|  | **Position:** |
|  | **Primary Phone Number:** |
|  | **Primary Email Address:** |

**Certification**

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| **12.** | **Online Certification**I, the applicant on this scholarship application, certify the following:* To the best of my knowledge, all required information has been provided and is complete, current and correct, and all eligibility and other application requirements have been met.
* I have notified the Head/s of Department/s (or equivalent) and the Administering Institution regarding this scholarship application and any relevant approvals have been obtained.
* I authorise EMF to make any enquiries it considers necessary in relation to the proposed application.
* I agree to adhere to the conditions governing EMF grants provided in the Funding Guidelines and the Funding Agreement.
* I have read and agreed to the Privacy Notice below.

**Privacy Notice:** All signatories consent to the information supplied as part of the application being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the grant. Such disclosure includes, but is not limited to, disclosure to members of the Research Evaluation Panel and the Research Committee and relevant representatives and employees of the Emergency Medicine Foundation Ltd. The Emergency Medicine Foundation may disclose the information collected in this document in connection with publicising and reporting on the awarding to, and the use of, the funds including in media releases, general announcement and reports. Documents containing personal information are handled and protected in accordance to our [privacy policy](http://emergencyfoundation.org.au/privacy-policy) and the provisions of the Information Privacy Principles contained in the Information Privacy Act 2009 (Qld) which sets standards for the collection, storage, use and disclosure of, and access to, personal information. |