The Australian Society for Medical Research
NOTES FOR APPLICANTS

The Australian Society for Medical Research invites applications for “The ASMR Research Awards”. Each award ($5000 international or $2000 domestic) will support a postgraduate student member of the Society nearing completion of their studies or a recently graduated (3 years maximum) postdoctoral member to undertake a short period of research in a laboratory outside their home city.

The award specifically excludes support for conference attendance and travel for an extended period of postdoctoral studies.

Eligibility:
- Applicants must have been members of the ASMR for at least 12 months prior to the application closing date.
- Applicants must have been awarded their highest degree no more than 3 years prior to the application closing date (career disruptions will be considered).
- The Award must be taken up during the first 6 months of the following year.

Conditions: Recipients of the Award will be announced at the National Scientific Conference of the Society. A condition of receipt of the Award is that the recipients will be available to report on their trip at the National Scientific Conference of the Society in the year that the Award is taken up. Further, the recipients will provide an article about their research for inclusion in the November issue of the newsletter of the Society in the year that the Award is taken up. Any publications resulting from work supported by the Award should acknowledge the financial contribution of “The ASMR Research Award”.

APPLICATION DETAILS

1. Complete the Application Form, making clear whether it is for an international or a domestic Award.
2. Provide a maximum of 2 A4 pages (pages in excess of this limit will be removed - use 12 point font, minimum 2cm borders) describing:
   a) Current research activities
   b) The proposed use of the award and learning objectives
   c) Detailed budget including justification. Quotes for airfares should be attached.
   d) Outline how the award will advance your studies
   e) Outline how this award will help your research career and how the proposed activities fit into your 5 year career goals
   f) Outline how this award will enhance health and medical research in Australia
3. Include a brief (maximum 1 page) curriculum vitae (including Scholarships and Awards) with research output listed as follows i) peer-reviewed publications, ii) book chapters or invited reviews, iii) patents and iv) proceedings and conference abstracts.
4. Applicants must provide with their application a letter of support from the proposed laboratory to be visited. If the proposal requires additional financial support other than that provided by the Award, evidence of availability of that support must be provided.

The award will be judged on the following criteria:
- Proposed project (goals, design, methods, and feasibility),
- Significance of project for the advancement of knowledge and potential for improvement of health,
- How collaboration will advance the applicant’s studies and collaborators’ track record in the field, and
- Applicant track record (scholarships, awards, and publications).

One International and one Domestic Award is offered annually. ASMR reserves the right not to offer an Award in either category in any given year.

The original application and one copy should be sent to: The Honorary Secretary, ASMR, Suite 702, Level 7, 37 Bligh Street, Sydney, NSW, 2000. Applications must be received by the closing date (5:00pm, Friday September 28, 2018). Facsimiles will not be accepted.
APPLICATION - ASMR RESEARCH AWARD

Application is for (tick one): International Award or Domestic Award

Applicant’s name: .......................................................... ..........................................................

Institutional address: .......................................................... ..........................................................

Telephone: ( ) .......................................................... ..........................................................

Facsimile: ( ) .......................................................... ..........................................................

email: ..........................................................................................................................

Ph.D Studies

Title: ..........................................................................................................................

Supervisor: .......................................................... ..........................................................

Department: .......................................................... ..........................................................

Institution: .......................................................... ..........................................................

Address: ..........................................................................................................................

Date Ph.D. was/will be submitted: ..........................................................

Date Ph.D. was passed ..........................................................

Host supervisor

Title: ..........................................................................................................................

Name: .......................................................... ..........................................................

Department: .......................................................... ..........................................................

Institute: .......................................................... ..........................................................

Address: ..........................................................................................................................

Telephone: ( ) .......................................................... ..........................................................

Facsimile: ( ) .......................................................... ..........................................................

Email: ..........................................................................................................................

Proposed studies

Title: ..........................................................................................................................

Dates: ..........................................................................................................................

I certify that the research which is the subject of this application has been and will be conducted in adherence with NHMRC/AVCC guidelines, and that appropriate approvals for work involving animal, human and/or genetic manipulation have been obtained

Applicant: ................. Signed: ................. Date: ............

Supervisor / Dept. Head: ................. Signed: ................. Date: ............

Please provide names and addresses of two referees of your application. Please give their telephone and facsimile numbers, their email addresses, and ensure that their letter of support (no more than two pages) is received at the Society Office (ASMR, Suite 702, Level 7, 37 Bligh Street, Sydney, NSW 2000) by the closing date of September 28, 2018.

Name: ..........................................................

Address ..........................................................

Telephone: ..........................................................

Facsimile: ..........................................................

email: ..........................................................