

**The Australian Society for Medical Research**

 **The ASMR Research Awards**

**NOTES FOR APPLICANTS**

The Australian Society for Medical Research invites applications for “The ASMR Research Awards”.

**Each** award **($7,500 international or $3,000 domestic)** supports ASMR members in the final year of their PhD or up to 7 years post-conferral to undertake a short period of research with a research group outside their home city.

Applications must be received by email at asmr@asmr.org.au no later than 5:00pm on Friday, 12 July 2024. Recipientsof the Award will be advised by email two weeks after the closing date.

**Eligibility – you must be:**

* a financial member of the ASMR at the time of both application and travel.
* in the final year of your PhD or up to 7 years post-conferral (career disruptions will be considered).
* hold an invitation or letter of support from the proposed research group to be visited will still need to be supplied with the application and a progress report re planning for the trip will also need to be supplied.
* able to travel within the following 12 months (i.e., up to 30 June 2025).

**Conditions:**

* a progress report re planning for the trip, and a copy of the recipient’s e-ticket, must be supplied to the Executive Office one month prior to travel.
* payment of the award will be made by EFT on either the date of departure or the first business day thereafter.
* recipients will report on their trip to the Society, this may include social media posts during their travel, a brief video report for the ASMR website, an article on their trip for the ASMR eBulletin, speaking at their home institution about the opportunities afforded by the ASMR Research Award and an invitation to speak at their state’s Gala Dinner in the October following their travel.
* 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.
2. Provide a maximum of 2 **A4 pages** (pages over this limit will be removed, must use12-point font, minimum 2cm borders) describing:
	1. current research activities;
	2. the proposed use of the award and learning objectives;
	3. outline how the award will advance your studies;
	4. outline how this award will help your research career and how the proposed activities fit into your 5-year career goals; and
	5. 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 an invitation or letter of support from the proposed research group to be visited.

**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).

**Applications must be received by email by the closing date, being 5:00pm on 12 July 2024**.

***ASMR reserves the right not to offer an Award in any given year.***

**APPLICATION - ASMR RESEARCH AWARD**

**Application is for the: Domestic Award** ........... **International Award** ...........

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

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

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

**Email:** ..................................................................................................................

**PhD Studies**

 **Title:** ............................................................................................................

 **Supervisor:** ............................................................................................................

 **Department:** ............................................................................................................

 **Institution:** ............................................................................................................

 **Address:** ............................................................................................................

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

 **Date Ph.D. was passed:** ......................................................................................

 **Career Disruption description:** ......................................................................................

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**Host supervisor**

 **Title:** ............................................................................................................

 **Name:** ............................................................................................................

 **Department:** ............................................................................................................

 **Institute:** ............................................................................................................

 **Address:** ............................................................................................................

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

 **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 phone number and email addresses and ensure that their letter of support (no more than two pages) is received by the closing date of 5pm on Friday, 12 July 2024. Support letters may be emailed directly to the ASMR Executive Office (asmr@asmr.org.au).**

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

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

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

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