**HOT NORTH Honours Scholarship Application**

**Scholarship term:** One year

**Scholarship stipend:** $10,000

**Closing date:** Open

**Applicants are requested to:**

* Read the Scholarship Information form prior to completing this application form, available from [www.menzies.edu.au/hotnorth](http://www.menzies.edu.au/hotnorth)
* Contact a HOT NORTH Chief or Associate Investigator to request supervision.
* Read any specific instructions listed in italics after relevant questions. Applicants must adhere to the maximum limits listed.
* Read the NHMRC Indigenous Research Excellence Criteria-

(<http://www.nhmrc.gov.au/book/nhmrc-funding-rules-2015/6-assessment-criteria>).

* Complete the application form electronically.
* Submit your completed application by the closing date by email as detailed below.

**Enquiries and application submission to:**

Kevin Williams

Program Manager

HOT NORTH

Menzies School of Health Research

PO Box 41096

Casuarina NT 0811

Ph: (08) 8946 8642

Email: [kevin.williams@menzies.edu.au](mailto:kevin.williams@menzies.edu.au)

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| **Section 1 – Applicant details** | |
| **Applicant name:** |  |
| **Contact details:** | Address:  Phone:  Email: |
| **Do you identify as Aboriginal or Torres Strait Islander?** | Aboriginal  Torres Strait Islander  Both  Neither |
| **Enrolling institution:** |  |
| **Institution where project to be carried out (if different to above)** |  |
| **Are you currently enrolled?** | Yes  No |
| **If yes, what date did your enrolment commence?** |  |
| **Do you currently hold an external competitive scholarship?** | Yes  No  If yes, provide details (including funded amount): |
| **Do you have any planned periods of absence during your enrolment:** | Yes  No  If yes, provide details: |
| **Please indicate if you are an Australian citizen or Permanent Resident:**  *\*You must be an Australian citizen or permanent resident to be eligible for this scholarship. Proof may be required.* | Australian citizen  Permanent Resident |

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| **Academic qualifications:**  *\*Add further lines if necessary.* | | | |
| Year | | Qualification | Institution |
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| **Career history:**  *\*Add further lines if necessary.* | | | |
| Year(s) | | Position | Institution |
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| **Presentations:**  *\*Provide details of presentations you have made in the last five years.*  *\*Add further lines if necessary.* | | | |
| Year | Presentation type (eg oral, poster) and title | | Forum (eg conference) |
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| **Prizes and awards:**  *\*Include prize or award amount if applicable.*  *\*Add further lines if necessary.* | | | |
| Year | Prize or award title | | |
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| **Publications:**  *\*Please provide your full publication list and asterisk publications relevant to this application.*  *\*Please* ***bold*** *your name.* | | | |
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| **Section 2 – Supervisor details** | |
| **Supervisor(s):**  *\*One of your Supervisors must be a HOT NORTH Chief or Associate Investigator*. | Name:  Email:  Institution (*if different to applicant*):  Expertise with regard to project: |

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| **Section 3 – Project details** | |
| **Scientific project title:** |  |
| **Relevance of project to a theme(s) of HOT NORTH:**  *\*100-200 words* |  |
| **Project aims and hypotheses:**  *\*½ page maximum.* | |
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| **Project background, research plan and timeline:**  *\*1 page maximum.* |
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| **Criteria for Indigenous Health Research:**  *\*See the cover page for further details on where to find more information.*  *\*2 pages maximum.* |
| Community engagement  Benefit  Sustainability and transferability  Building capability |

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| **References:**  *\*1 page maximum.* |

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| **Section 4 – Declarations** | |
| **Declaration by applicant:**  I declare that to the best of my knowledge, the information supplied herein is correct and complete. I acknowledge that the submission of incorrect or incomplete information may result in a cancellation of approved funding at any stage. I recognise that it is my responsibility to provide all necessary documentary evidence of my qualifications and experience, and authorise HOT NORTH to conduct reference checks if required.  I understand that if awarded this scholarship, I will be required to actively participate in HOT NORTH activities and to observe the HOT NORTH ethos of capacity building and improving the health of people in northern Australia, and adhere to the terms and conditions of this scholarship.  **I confirm that I have:** | Name:  Signature:  Date:  Read the Scholarship Information Sheet.  Obtained all required signatures.  Referred to the start of this document for submission requirements. |
| **Declaration by supervisor:**  I declare that I have agreed to supervise the applicant on the project detailed above and that I have sufficient time to devote to the applicant and the project. I declare that sufficient resources are available at the named institution to complete the project. | Name:  Signature:  Date: |