



The University of Sydney

## APPLICATION FOR THE FACULTY OF HEALTH SCIENCES POSTDOCTORAL RESEARCH FELLOWSHIP SCHEME 2009

When completing this form, you **must** refer to the accompanying *Guidelines*.

To navigate between cells, use the 'tab' key to move forward, and 'shift-tab' to move back.

THE APPLICATION FORM MUST BE COMPLETED IN FULL - Do not refer to curriculum vitae.

**CLOSING DATE: 21<sup>st</sup> November 2008. LATE APPLICATIONS WILL NOT BE CONSIDERED.**

### 1. PERSONAL DETAILS OF THE PROPOSED FELLOW

Family Name		Given Name/s	
Date of Birth			
Full Address			
Country		Postcode	
Telephone	(work)		(home)
Facsimile		Email	
Present Position		Present Salary	A\$

### 2. HOST RESEARCH GROUP/CENTRE DETAILS

School/Centre

Proposed mentoring senior researcher

### 3. ACADEMIC RECORD OF CANDIDATE

*PROOF THAT ALL REQUIREMENTS FOR THE AWARD OF A DOCTORATE HAVE BEEN MET **MUST** BE ATTACHED TO THIS FORM*

Details of academic record at undergraduate and postgraduate level including Honours level, place in year, prizes and awards (please attach copies of transcripts)
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### 4. RESEARCH

PLEASE ATTACH:

<input type="checkbox"/> An outline of <u>no more than two (2) pages</u> (+ one (1) page for references) describing the externally funded research program being developed, how the proposed applicant will contribute to this effort and proposed research project under the following headings: <b>(1) TITLE OF THE PROJECT; (2) AIMS AND SIGNIFICANCE OF THE PROJECT;</b> <b>(3) RESEARCH PLAN, METHODS &amp; TECHNIQUES</b>	<input type="checkbox"/> An up-to-date Curriculum Vitae of the Fellowship applicant and mentoring senior researcher <i>(YOU MAY INCLUDE A COPY OF NO MORE THAN TWO KEY PUBLICATIONS)</i>
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Return the application to:

**Ms Julie Cameron, Team Leader, Research & Innovation Faculty of Health Sciences,  
The University of Sydney, PO Box 170, Lidcombe, NSW 1825 Australia.**

Or email PDF version to FHS.ResAdmin@usyd.edu.au

## 5. OTHER APPLICATIONS

PROVIDE DETAILS OF ALL OTHER APPLICATIONS FOR FELLOWSHIP SUPPORT IN 2007 (PROJECT TITLE, FUNDING AGENCY AND SCHEME)

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## 6. REFERENCES

NAMES AND ADDRESSES OF TWO REFEREES WHO WILL BE FORWARDING TESTIMONIALS

### REFEREE 1

<b>Name</b>	
<b>Full Address</b>	
<b>Telephone</b>	
<b>Facsimile</b>	
<b>Email</b>	

### REFEREE 2

<b>Name</b>	
<b>Full Address</b>	
<b>Telephone</b>	
<b>Facsimile</b>	
<b>Email</b>	

## 7. PRIVACY NOTICE

The information supplied by you on this application form is required by the University of Sydney in order to assess candidates for Postdoctoral Research Fellowships. A Postdoctoral Research Fellowships Committee will consider the information. The University will publicise the names, areas of research and other relevant details of successful applicants. Questions regarding access to, and correction of, any information should be addressed in the first instance to the Faculty Office at the address given above.

8. SIGNATURE OF CANDIDATE \_\_\_\_\_

Date: \_\_\_\_\_

9. SIGNATURE OF MENTORING SENIOR RESEARCHER \_\_\_\_\_

Date: \_\_\_\_\_

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