

Metro North Hospital and Health Service *Putting people first*

RBWH Research Services

RBWH and RBWH Foundation

POSTDOCTORAL RESEARCH FELLOWSHIPS

(The Robert and Janelle Bird Fellowships)

Application Form

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[IBNN or ISBN if needed]



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For more information, contact:

RBWH Research Services, Metro North Hospital and Health Service, Lower Ground floor, James Mayne Building, RBWH, Herston, Qld, 4029, email RBWH-Project-Grant-Application@health.qld.gov.au, phone 07 3646 237.

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Applications **OPEN**: Friday 15 November 2019
 Applications **CLOSE**: 5.00 pm on Monday 2 December 2019

If you experience any difficulty completing this form, please contact the Research Support Officer, RBWH on RBWH-Project-Grant-Application@health.qld.gov.au or (07) 3646 2377.

1. Personal Profile

Research Fellow	
Mailing address	
Mobile phone no.	
Other phone no.	
Email address	
Qualifications	
Position and department	
Additional affiliations (e.g. universities)	

2. Summary Details

Project title		
Please indicate type of research	<input type="checkbox"/> Discovery and Innovation Research <input type="checkbox"/> Clinical Research <input type="checkbox"/> Complex Health Challenge Research <input type="checkbox"/> Health Services Implementation Research	
Please nominate up to 2 research mentors (a brief (2 pages) CV for each mentor will need to be provided)	Name and title	
	Position	
	E-mail address	
	Name and title	
	Position	
	E-mail address	
Have you applied or intend to apply for funding for this research elsewhere? (please describe)		
Total funding requested in this application	\$	
Have you received previous research grants from RBWH / RBWH Foundation?	Yes	No
If yes, have reports been submitted for previous grants?		

3. Proposed Research

Full title of proposed program <i>(This will be used throughout the funding process and must not be changed)</i>		
Short title of proposed program <i>(if any)</i>		
Details of where you plan to undertake your research program	Institution:	
	Dept:	
Name of Head of Department in which you will conduct the research		
Indicate all other departments that will provide a support function		
Brief description of the proposed program <i>(maximum 100 words)</i>		
Background <i>(maximum 200 words)</i>		
Research aims and objectives		
Research program plan <i>(maximum 2 pages)</i>		

4. Certification

4.1 Certification of head of RBWH Department

I certify that the project is appropriate to the general facilities in my Department and that I am prepared to have the research program carried out in my Department.

Department Head:

Department:

Signature:

Date:

Other departmental support (financial/facilities) to be provided for the proposed research project:

4.2 Certification of Head of Supporting Department (if any)

I certify that the research program is appropriate to the general facilities in my Department and that I am prepared to have the project carried out in my Department.

Department Head:

Department:

Signature:

Date:

Other departmental support (financial/facilities) to be provided for the proposed research project:

4.3 Certification by all mentors

Name	Signature	Date
Mentor 1		
Mentor 2 (<i>if applicable</i>)		

5. Proposed Budget

Project Title:	
Labour	
	\$
	\$
	\$
	\$
	\$

Total labour costs		\$
Non Labour		
	\$	
	\$	
	\$	
	\$	
Total Non Labour Costs		\$
		\$
Funding requested: \$		

6. Instruction for Submission

1. Complete all sections of this application form
2. Obtain the necessary signatures
3. Scan the signed application form
4. Scan all required documents **as one .pdf document** i.e. - your Application, your CV and brief CV (2 pages) of each of the mentors
5. Name the scanned document:
[Surname_FirstName_2020PostdoctoralFellowship_Application]
6. Email the scanned document to:
RBWH-Project-Grant-Application@health.qld.gov.au
(NB: hyphens **not** underscore)
7. **Applications close at 5pm, on Monday 2 December 2019. Late and/or incomplete applications will not be accepted.**

7. Enquiries

All enquiries regarding the RBWH and RBWH Foundation Project Grants should be directed, in the first instance, to the Research Support Officer, RBWH at RBWH-Project-Grant-Application@health.qld.gov.au or (07) 3646 2377.