



## Murray Jackson Clinical Fellowship (Medical) Grant Application

### SECTION 1 - Contact and Personal Details

#### Contact Details

<b>Name</b>			
<b>Department</b> <b>Present Position</b> <b>University/Hospital</b> <b>PO Box/Street number</b> <b>Suburb</b> <b>City</b>			
<b>Telephone</b>		<b>Fax</b>	
<b>Email</b>			

#### Personal Details

<b>Date of Birth</b>		<b>Male</b>		<b>Female</b>	
<b>Nationality</b>					

#### Project title (maximum 160 characters)

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#### If you Intend to Enrol for a Degree please Complete this Section

<b>Intended Degree</b>	
<b>University</b>	
<b>Department</b>	
<b>Supervisor</b>	

For further information please see: "GOT Clinical Fellowship Advice to Applicants"

## **SECTION 2 – Summaries**

***Abstract: the abstract should cover the aims, experimental design and significance of the research.***

Delete these words and start typing here.

***Media Summary of Research (100 words maximum) – Explain the project, and its relevance to cancer, in language understandable to the public as a press release.***

Delete these words and start typing here.

**SECTION 3 – Academic Record and Clinical Experience**

*This section should include a short Curriculum Vitae and provide details of university scholarships and prizes, publication, positions held and research experience relevant to the application. You should also outline the relationship of the proposed research training to your intended future career.*

Delete these words and start typing here.

**SECTION 4 – Proposed Programme**

*Outline your project, describing the advanced clinical work and the research you propose to undertake. The research should be described under the headings aims, research plan and methods, significance and relevant previous work. Do not exceed six pages. Please use single spacing and 12 point type*

Delete these words and start typing here.

**SECTION 5 – Sponsoring or Host Institution**

*Outline the reasons for choosing the particular host institution, department and supervisor for your Fellowship.*

Delete these words and start typing here

**SECTION 6 – Budget**

*Detail the level of financial support being sought and the period of time involved. (The salary would normally be based on one which would have applied had the applicant continued in a full-time clinical post in New Zealand).*

Delete these words and start typing here.

**Section 7 – Referee**

*Please give the name, address (including e-mail) and contact phone number of one person, apart from your supervisor, whom the Trust can ask for an opinion on your suitability for the clinical fellowship (you should first ascertain that they are willing to do this).*

***Nominated referee***

<b>Referee Name</b>	
<b>Full Address</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Area(s) of Expertise</b>	
<b>Relationship to applicant</b>	

**Section 5 – Administrative Agreement- - (Do not copy. Send with original application only).**

We the undersigned have read the administrative agreement below and undertake to abide by the conditions of this agreement if the Genesis Oncology Trust (“Trust”) awards a grant to the applicant:

1. *The Trust may accept any application in full or part, negotiate with one or any number of applicants, re-advertise for applicants and reject or refuse all or any applications.*
2. *Successful applicants will be required to enter into a separate agreement with the Trust recording the terms on which the grant is made, including the right to use the award of grants for publicity for the benefit of the Trust.*
3. *The applicant warrants that the information provided by the applicant to the Trust in relation to the application for a grant is true and correct to the best of its knowledge at the date of the application. The applicant will use their best endeavours to communicate any change in the information.*
4. *The information requested in this application will be used for the purpose of assessing the proposal. Some information will be used in a non-identifiable form for Trust purposes. The Trust undertakes to store all proposals in a secure place, and to destroy declined proposals after due process to preserve confidentiality.*
5. *The host institution agrees and undertakes to bear all risks and claims connected with any activity covered by this application and to indemnify and hold harmless the Trust against any and all liability suits, actions, demands, damages, costs or fees on account of death, injuries to persons or damage to property, or any other losses resulting from or connected with any act or omission performed in the course of the program of the applicant.*
6. *The host institution agrees and undertakes to support for the duration of the scholarship or research the work described in this application by making available accommodation, facilities for research and the services necessary for its fulfilment.*

***Principal Applicant***

Name:	Signed:	Date:
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***Head of Department (if applicable)***

Name:	Signed:	Date:
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***Head of School, Faculty or Hospital (if applicable)***

Name:	Signed:	Date:
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***Authorised official on behalf of host institution (University/hospital, if applicable)***

Name:	Signed:	Date:
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7. If the application involves the use of animals or human subjects or in research please read and sign this section:

*For Fellowships at institutions in New Zealand;* the applicant has read the 'Guidelines on Ethics in Health Research', available from the HRC website (<http://hrc.govt.nz/>) and agrees to abide by the principles outlined in it. The undersigned also agree that, before any research procedures involving animal or human subjects, animal or human materials, or personal information commence, they will provide the Trust with written evidence that a properly constituted and accredited Ethics Committee has examined and approved the relevant proposals outlined in this application. If minor changes in the research design or procedures have been required for ethical reasons, the Genesis Oncology Trust must be informed of them. The undersigned also undertake to ensure that all regulatory consents are gained before research commences.

*For Fellowships at institutions outside New Zealand;* the applicant agrees to meet the ethical requirements of the host institution.

***Principal Applicant***

Name:	Signed:	Date:
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***Head of Department or Host Institution***

Name:	Signed:	Date:
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NOTE: Only one fully signed copy of this page is required by the Trust, this form must be returned to the Trust with the original copy of the application form. Applications which do not have a fully completed administrative agreement will not be processed.

**Section 6 – Reminders- - (Do not copy. Send with original application only).**

<i>Be sure you have used the correct font size and have not exceeded page limits, since doing so may result in your proposal being returned and not considered in this funding round.</i>	
<i>Check that all other relevant signatures have been obtained (e.g. Administrative Agreement).</i>	
<i>Check to be sure you have included the confidential pages with your original application ONLY, and NOT in the copies submitted with the original.</i>	
<i>Be sure that your ORIGINAL copy is PAPER-CLIPPED together, and that your 12 PHOTOCOPIES are individually STAPLED . Send to:</i>  <i>Dr Douglas Ormrod Programme Manager Genesis Oncology Trust 56 Whitehaven Road Glendowie Auckland 1071</i>	
<i>Send electronic copy of the application to: douglas.ormrod@genesisoncology.org.nz</i>	