



Sports & Exercise Podiatry Australia Research Scholarship

2022 Application Form



Please note

1. When preparing your application, you must read and strictly adhere to the *Sports & Exercise Podiatry Australia Research Scholarship Funding Guidelines*, otherwise your application will not be considered.
2. Applications must be typed and all documents submitted in a single PDF document by email (contact@sepa.org.au)
3. This application must reach SEPA mail inbox **by Wednesday 7th September 2022**.
4. If applicants are successful, institutional ethics clearance (if relevant) must be provided prior to the payment of grant funds.

1. Project summary details

Chief investigator(s) name

Title	First name	Last name

Project title (please provide a brief description of no more than 25 words in length)

Project summary (please provide a summary of no more than 100 words in clear, concise terms suitable for inclusion in publications – the summary should be intelligible to the lay reader and outline the significance of the project)

2. Scholarship applicant

Name

Title	First name	Last name

Affiliated institution (cheque will be made payable to this body)

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Contact details

Postal address	
E-mail address	
Office phone no.	
Mobile phone no.	
SEPA Membership	Yes <input type="checkbox"/> No <input type="checkbox"/> (Note: A weighting will be given to current SEPA Members)

3. Project advisory team profile

For each applicant in the project team, please indicate their role in the project, the amount of time they are able to devote to it and the skills relevant to the conduct of the project.

Investigator name	Institution	Skills/Qualifications



A.		
B.		
C.		
D.		
E.		

4. Research office contact details

The research officer (e.g. university research grants officer) will be the contact person for all correspondence from SEPA, including the certification of expenditure and progress reports.

Name of research officer

Title	First name	Last (family) name

Affiliated institution

Contact address

Other contact details

E-mail address	
Office phone no.	
Mobile phone no.	

If the primary investigator / supervisor is nominated for this role, please check this box

5. Ethics approval

Do you have approval from an institutional ethics review committee (e.g. university or health service ethics review committee)? (Please check the appropriate boxes)

(a) No Yes

If 'No', please indicate why. If pending, please indicate when you are likely to learn of the outcome.

If 'Yes', please provide a copy of the committee's approval letter in PDF format as an attachment.

*Please note: if your application is successful, money will not be released until you have obtained ethics clearance (and have forwarded the approval letter to SEPA).

6. Evidence of supervisor support

Supervisor's support

This must be signed by the candidate's primary supervisor. Additionally, the supervisor will need to prepare a brief recommendation for the applicant.

I have read this proposal and concur with the outlined support from the institution.

I fully support this project

I do not support this project

If you do not support this project, please outline why below:



Name

Title	First name	Last name

Position

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Signature

Signature	Date

11. Declaration by applicant

I have read the *Sports & Exercise Podiatry Australia Research Scholarship Funding Guidelines* and agree to adhere to the terms outlined within.

I certify to the best of my knowledge that:

- i. all of the details on this application form are true and complete;
- ii. if successful, I, along with all persons listed on this application, will accept and adhere to all conditions of the scholarship relating to the Sports and Exercise Podiatry Australia Research Foundation
- iii. I understand and agree that all statutory requirements must be met before payment of the proposed scholarship can be made;
- iv. all persons listed in this application have agreed to take part in the proposed research
- v. Any funds not used during the funding period are to be returned to SEPA.

Signature of scholarship applicant

Name	Signature	Date

Final checklist

The chief investigator must take responsibility for the following.

I have (please check boxes):

1. All documentation completed in accordance with guidelines
2. Obtained signature and recommendation letter from supervisor
3. Attached all relevant supporting documentation