**Dawn Fellowship Application**

## Section 1 – Summary

**Applicant details**

|  |  |
| --- | --- |
| Name |  |
| Postal address |  |
|  |
|  |
| Telephone |  |
| Email |  |
| Nationality |  |

**Project Title**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Total Cost of Fellowship  | $  | Enter the total figure from the budget presented in Section 4 |

|  |  |
| --- | --- |
| Proposed start date (dd/mm/yy) |  |
| Proposed end date (dd/mm/yy) |  |
| Proposed duration (mm) |  |

**Proposed mentor details**

*This section is optional apart from post-doctoral research fellows and early-career clinicians, for whom a mentor is required.*

|  |  |
| --- | --- |
| Present position |  |
| Department |  |
| Institution |  |
| Postal address |  |
|  |
| Telephone |  |
| Email |  |

Copy and paste table if you have more than one mentor

Please submit separately a signed support letter, on letterhead, from your proposed mentor. This letter should include comments on the facilities and resources available to support your research, how the research expenses will be funded and their plan for developing your skills and experience. Information about their track record in supervision and mentoring of early career researchers would also be helpful.

For further information see the advice to applicants on the Foundation’s website

**Resubmission**

Is this application a resubmission? YES NO

If you have responded **YES**, please provide details below.

**Title of previous application**

|  |
| --- |
|  |

**Year and Grant Round of previous application**

|  |
| --- |
|  |

**Abstract**

*[Please provide an abstract of 500 words or less, without citations. Delete these instructions and start typing here.]*

**Media Summary**

*[In 100 words or less, please explain the project and its significance in language understandable to the general public. Delete these instructions and start typing here.]*

## Section 2 – Applicant Background

*[Outline your research experience to date, and any previous research support you have received from the Neurological Foundation and other agencies. Describe your career plan, and how you will benefit from this fellowship. There is a 1000 word limit for this section. Submit a separate PDF of your NZ Standard CV. Delete these instructions and start typing here]*

## Section 3 – Description of Proposed Research

*[There is a 6 page maximum for this section, including the reference list. Delete these instructions.]*

**List of Abbreviations**[*Define abbreviations used in your proposal, for the non-expert reviewer. Delete these instructions and start typing here*]

**Objectives**

*[Clearly state the objectives or aims of the proposed study, along with the hypothesis. Delete these instructions and start typing here]*

**Background**

*[Outline previous work in this area to identify the knowledge gap that the proposed study will address. Delete these instructions and start typing here]*

**Research Design and Methods**

*[Include a Gantt chart to demonstrate the project timeline. Statistical advice is recommended to ensure that the results gained are meaningful. Provide details for power calculations, sample size and statistical analyses where relevant. Delete these instructions and start typing here]*

**Scientific and Clinical Significance**

*[Describe how this research will contribute to our understanding of, prevention, diagnosis, prognosis, treatment, or management of Charcot-Marie-Tooth disease, peripheral neuropathy, Alzheimer’s disease or dementia. Delete these instructions and start typing here]*

**References**

*[Please delete these words and insert your reference list. Use a numbered referencing system and full citations (APA format is recommended)]*

## Section 4 – Budget

* Up to three years duration
* Up to 50% salary support for clinicians
* Up to 100% salary support for post-doctoral research fellows
* $10,000 per annum towards working expenses

The budget requested should be in NZD. The Neurological Foundation will not award more than is requested in the budget. Note that the Foundation does not fund salaries for staff who receive a salary from their institution, and the Foundation does not fund institutional overheads.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Total** |
| Your salary as a Dawn Fellow |  |  |  |  |
| Full Time Equivalent (%) |  |  |  |  |
| Salary Grade |  |  |  |  |
| ACC and superannuation |  |  |  |  |
| Fixed payment for working expenses | $10,000 | $10,000 | $10,000 |  |
| **Total Costs** |  |  |  |  |

Copy and paste table rows as required for salary associated costs. Provide justification below for any salary associated costs (except ACC and superannuation).

## Section 5 - Conditions and Signatures

**Privacy Provisions**

The information requested in this proposal will be used for the purpose of assessing this proposal. The Neurological Foundation of New Zealand undertakes to securely store all proposals. Committee members are required to agree to the Foundation’s confidentiality policies.

For public interest purposes, the New Zealand Neurological Foundation reserves the right to release the applicant’s name, host institution, contract title and funding awarded for successful applicants. By signing this application you are agreeing to the release of this information.

**Intellectual Property**

As a rule the Neurological Foundation does not intend to seek to obtain intellectual property rights in respect of research being funded by the Neurological Foundation of New Zealand. However, exceptions may arise:

1. When research could lead to a discovery, which might be licensed or sold to others for use in the diagnosis or treatment of neurological (or other) disorders.
2. Where it is appropriate for the Foundation to insist on intellectual property rights (whether partial or in full) either
	1. to prevent the possibility of other persons obtaining a license or patent which might prevent further work being carried out in the area or
	2. where objectives could be of commercial value and it is appropriate for beneficiaries of the Foundation’s funds to share in the fruits of what is, in that context, venture capital.

If the research described in this application is likely to generate software, tests, apparatus or medications (or applications thereof) for use in the diagnosis or treatment of neurological (or other) disorders please detail below. If the proposed research does have IP potential, and is funded by the Foundation, the Foundation may wish to negotiate to recover the funding provided.

**Please select one of the following options.**

This research is likely to generate patentable outcomes **YES NO**

If you have responded **YES**, please provide details below.

**Ethical and Regulatory Approval**

By signing this application form, you agree to obtain approval for this project from an appropriate ethics committee, and to ensure that all regulatory consents are gained, before research commences.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Ethics Committee |
| Require human ethical approval? |  |  |  |
| Copy of current human ethical approval attached? |  |  |  |
| Require animal ethical approval? |  |  |  |
| Copy of current animal ethical approval attached? |  |  |  |

If this proposal does not require ethical approval, please briefly detail why below:

By signing this application form, the applicant agrees to the conditions outlined above.

Applicant

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

By signing this application form, the proposed mentor confirms that they are willing and able to support the applicant to carry out the research described above.

Proposed mentor

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

Authorised official as required by host institution

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |
| Position: |

## Section 6 – Reminders

* Please use Calibri 11 point font throughout; figure labels and captions may use a different font and font size if needed
* Please save and submit this application form as an editable PDF. Please do not scan the printed Word document
* Please submit the application data collection form, available on the Foundation’s website, as a separate PDF
* Please submit your NZ Standard CV as a separate PDF, using the template available on the Foundation’s website
* If you are an early career clinician or research fellow, please attach your mentor’s NZ Standard CV as a separate PDF, using the template available on the Foundation’s website, and a letter of support from your mentor as a separate PDF