**Neurology Postgraduate Scholarship**

# Section 1 – Summary

**Applicant details**

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

**Thesis Title**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Total Cost of Scholarship | $ | 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 supervisor details**

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

Copy and paste table as required for additional supervisors

Please submit separately a signed support letter, on letterhead, from your proposed supervisor. 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 would also be helpful.

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

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

**Media Summary**

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

**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**

|  |
| --- |
|  |

# Section 2 – Applicant Background

[*There is a 2 page limit for this section.* *Describe your academic experience to date, including neurology training. Outline your research experience to date, and your motivations for pursuing an MD or PhD. Please supply a copy of your academic transcript, detailing your university studies, as supporting documentation. Delete these instructions and start typing here*.]

# Section 3 – Description of Proposed Research

*[There is a 4 page limit for this section, including the reference list. Delete these instructions.]*

**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 by your research group and others 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, diagnosis, prognosis, treatment, or management of neurological diseases or disorders. Delete these instructions and start typing here*.]

**References**

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

# Section 4 – Budget

The budget requested should be in NZD. The Neurological Foundation will not award more than is requested in the budget. Enter GST exclusive amounts for all fees and Total Costs. Student services fees should not be included.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Total** |
| Fixed stipend | $50,000 | $50,000 | $50,000 |  |
| Course fees |  |  |  |  |
| **Total Costs** |  |  |  |  |

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

**Intellectual Property**

The Neurological Foundation does not usually seek to obtain intellectual property rights in respect of the research it funds. However, exceptions may arise:

* When research could lead to a discovery that might be licensed or sold to others for use in the diagnosis or treatment of neurological (or other) disorders
* Where it is appropriate for the Foundation to insist on intellectual property rights (whether partial or in full) either
  + to prevent the possibility of other persons obtaining a license or patent that might prevent further work being carried out in the area or
  + where objectives could be of commercial value

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 potential intellectual property, 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 approvals are obtained, 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:

[*Delete these words and start typing here*.]

If this proposal requires approval by other regulatory bodies such as ERMA, MAF, DOC, GTAC, SCOTT or Biosafety, please detail below:

[*Delete these words and start typing here*.]

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

Applicant

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

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

Primary supervisor

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

By signing this application form, the authorised official confirms that their institution is willing and able to host the project as described above.

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 the student and supervisors NZ Standard CVs separately, using the template available on the Foundation’s website, compiled as a single PDF
* Please submit your university academic transcript and letter of support from your proposed supervisor(s) as separate PDFs