

APPLICATION - ASMR RESEARCH AWARD

Application is for (tick one): International Award ..... or Domestic Award .....

Applicant's name: .....

Institutional address: .....
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.....
.....
.....

Telephone: ( ) .....
Facsimile: ( ) .....
Email: .....

Ph.D Studies

Title: .....
Supervisor: .....
Department: .....
Institution: .....
Address: .....
Date Ph.D. was/will be submitted: .....
Date Ph.D. was passed: .....

Host supervisor

Title: .....
Name: .....
Department: .....
Institute: .....
Address: .....
Telephone: ( ) .....
Facsimile: ( ) .....
Email: .....

Proposed studies

Title: .....
Dates: .....

I certify that the research which is the subject of this application has been and will be conducted in adherence with NHMRC/AVCC guidelines, and that appropriate approvals for work involving animal, human and/or genetic manipulation have been obtained

Applicant: ..... Signed: ..... Date: .....
Supervisor / Dept. Head: ..... Signed: ..... Date: .....

Names and addresses of two referees of your application. Please give their telephone and facsimile numbers, their Email addresses, and ensure that their letter of support (no more than two pages) is received at the Society Office (ASMR, 145 Macquarie Street, Sydney, NSW 2000) by the closing date of September 29, 2006.

Name: .....
Address: .....

Telephone: .....
Facsimile: .....
Email: .....