

Avant Doctor in Training Research Scholarship Program Application Form 2020

Personal Information

1. Title: *

- Doctor
- Mr
- Mrs
- Ms
- Miss
- Other - Please specify

2. Given name(s): *

3. Family name: *

4. Avant member ID: *

You must be an Avant member to apply.

5. Gender: *

- Female
- Male
- Other/Prefer not to say

6. Email address: *

7. Mobile phone number: *

8. What state do you live in? *

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia
- Outside of Australia - Please specify

9. Citizenship status: *

Please note that successful applicants will be required to provide proof of citizenship or permanent residency.

- Australian citizen
- New Zealand citizen
- Australian permanent resident

10. Scholarship category:

Please check the definitions of each of these categories before selecting. This is available at <https://www.avantdifference.org.au/dit-scholarship>

Please note that to be eligible for the new fellow category, you must be in your first year post receiving a fellowship from a specialty college, not conducting a research fellowship year during your training *

- New Fellow
- Accredited Trainee
- Pre-Vocational

11. Have you either commenced or secured a fellowship position? *

- Yes
- No

12. Please describe the fellowship position, including its focus (e.g. research or sub-specialisation) and with which organisation

13. When will (or did) your fellowship position commence?

 

14. Scholarship type: *

- Full-time
- Part-time
- Grant

15. Scholarship sub-category *

- Advancement of Medicine
- Quality in Medicine

16. Select which domains of health care quality your project relates to: *

- Safe: Avoiding harm to patients from the care that is intended to help them
- Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively)
- Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions
- Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care
- Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

17. What is your proposed project commencement date? *



18. What is your proposed project completion date? *



19. Where did you hear about this scholarship? *

- Email from Avant
- Phone call from Avant
- Avant website
- Avant BDM
- Promotion at my place of work or research institute
- Promotion by my college or society
- Social Media (State which platform)

- Other - Please specify

Education

20. University Qualifications: *

A minimum of one qualification is required.

Please ensure date responses are in DD/MM/YYYY format.

If completing this question on a tablet device or smartphone, please note this question will be repeated for all possible entries available so you will need to tab through to the end.

	Year	Institution	Qualification	Academic achievement
Qualification 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Are you currently enrolled in a higher degree or will you enrol in a higher degree before Wednesday, 30th of September 2020? *

- Yes
- No

22. Have you previously received a PhD?

- Yes
- No

23. Please provide details

Please ensure date responses are in DD/MM/YYYY format.

	Start Date	End Date	Institution	Qualification/Program
Higher degree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. What is your career stage?

- Intern
- Resident Medical Officer or equivalent
- Doctor in training (pre-fellowship)
- Post specialty fellowship

25. Which specialty are you training in?

26. Is your training currently?

- Accredited
- Unaccredited

27. Through which college?

Australasian College of Dermatologists (ACD)
Australasian College of Emergency Medicine (ACEM)
Australian and New Zealand College of Anaesthetists (ANZCA)
Australian College of Rural and Remote Medicine (ACRRM)
Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
Royal Australian and New Zealand College of Psychiatrists (RANZCP)
Royal Australian College of General Practitioners (RACGP)
Royal Australasian College of Obstetricians and Gynaecologists (RANZCOG)
Royal Australasian College of Medical Administrators (RACMA)
Royal Australasian College of Physicians (RACP)
Royal Australasian College of Surgeons (RACS)
Royal Australasian College of Radiologists (RANZCR)
Royal College of Pathologists of Australia (RCPA)
Other - Please specify

28. When do you expect to sit your fellowship exams?

29. When do you expect to receive your fellowship (i.e. be able to use a post nominal such as FRACS)?

30. Have you previously completed a fellowship overseas? *

I.e. Are you a fellow of a speciality college in another country?

- Yes
- No

31. Please describe the pathway you are taking to complete an Australian fellowship
Include the years required to convert and your current year.

32. Outline your experience, including any specific training or projects you've undertaken in improving quality healthcare:

Curriculum vitae

33. Provide an executive summary of your curriculum vitae (CV) including career highlights and information that you wish to draw particular attention to. Please include examples of leadership experience. Please do not include employment or research publications as these are included elsewhere in this application form

Character Limit: 4,500

34. Relevant employment history (starting with your current or most recent position).

A minimum of one employment is required.

Please ensure date responses are in DD/MM/YYYY format.

If completing this questions on a tablet device or smartphone, please note this question will be repeated for all possible entries available so you will need to tab through to the end.

	Start date	End date	Job title	Employer
Most recent or current employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous role	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous role	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous role	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

38. How many conference presentations have you delivered?

39. Please list the conference presentations you have delivered (up to 10 most recent presentations).

Please ensure date responses are in DD/MM/YYYY format.

If completing this questions on a tablet device or smartphone, please note this question will be repeated for all possible entries available so you will need to tab through to the end.

	Name of conference	Location	Year	Presentation title
Most recent presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other presentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

40. Have you previously received any academic or leadership awards or prizes? *

- Yes
- No

41. Awards or prizes (up to 10):

Please ensure date responses are in DD/MM/YYYY format.

If completing this question on a tablet device or smartphone, please note this question will be repeated for all possible entries available so you will need to tab through to the end.

	Award or prize	Institution	Year awarded
Most recent award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other award or prize	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous research experience

42. Provide a short summary of your research or quality improvement experience to date:

Character Limit: 3,000

Research Project

43. Title of research or quality improvement project:

44. Please provide a short description of research or project in layperson's terms:

Character Limit: 500

45. Where will the majority of the research be undertaken?

Please note that the eligibility criteria as outlined in the terms and conditions require that the majority of the research be undertaken in Australia

- Australia
- Outside of Australia

46. Do you intend to return to Australia to complete or commence specialty training either during or upon completion of your research?

- Yes
- No

47. Research institute or healthcare organisation:

Name of institution

City

Country

48. Is this application for:

- New research or project
- Continuation of previous research or project

49. Provide details of the original research or project:

Character limit: 3,000

Advancement of medicine

50. Describe the aims of your research, including the hypothesis (or hypotheses) being tested and any preliminary results to support your hypothesis.

Character limit: 5,000

51. Please outline your research research plan including methodology, analysis and evaluation of outcome and include relevant statistical techniques

Character limit: 3,000

52. Are there any preliminary results from your research to support your hypothesis?

Yes

No

53. Please outline any preliminary results

Character Limit: 5,000

54. Please explain why your research is significant. include expected outcomes such as the impact on health outcomes and clinical practice or health policy. Also consider what is already known about this issue and how your research will enhance current thinking.

Character limit: 3,000

55. Please summarise your research timeline including current status, mid and end points (bearing in mind the expected duration of the scholarship is approximately 12 months).

Character Limit: 3,000

Quality in medicine

Problem description: including the nature and significance of the local problem you wish to address:

Character limit: 500

56. Available knowledge: what is currently known about the problem, including any relevant previous studies:

Character limit: 500

57. Rationale: any models, concepts or frameworks used to describe the problem, reasons or assumptions behind the project:

Character limit: 500

58. Specific aims: purpose of the project:

Character limit: 500

Project methods

59. Intervention: describe the planned approach that you will take to conduct the project (including details of the project team and their roles and responsibilities):

Character limit: 500

60. Study of the intervention: your proposed approach for assessing the impact of the intervention and approach used to determine whether the observed outcomes were due to the intervention:

Character limit: 500

61. Measures: measures chosen to study the process and outcomes of the intervention, including their rationale, validity and reliability:

Character limit: 500

62. Analysis: how you intend to draw inferences from data gathered, including methods for understanding variation in the data:

Character limit: 500

63. Ethical considerations: ethical aspects of conducting this project, including how they are to be addressed:

Character limit: 300

64. Plans for sustainability of project outcomes:

Character limit: 300

65. Timeline, including current status if it has commenced. Define the mid-point and end point (bearing in mind the expected duration of the scholarship is approximately 12 months):

Character limit: 300

Research Translatability

66. Please describe the pathway for your research or quality improvement project to be translated into clinical practice or policy. Please include information about how ready your institute is to adopt the findings of your research.

67. Considering your response to the previous question, in what timeframe do you expect that your research will be translated into practice?

- Less than 1 year
- 1-2 years
- 2-5 years
- More than 5 years

Funding

68. Have you previously received any research funding?

- Yes
- No

69. Are you a previous recipient of funding under the Avant DIT Research Scholarship Program? *

- Yes
- No

70. What year did you previously receive an Avant scholarship and what was the amount?
Please ensure date responses are in DD/MM/YYYY format.

Year

Amount

71. Please list any previous and/or current funding for this project.

Please ensure date responses are in DD/MM/YYYY format.

If completing this question on a tablet device or smartphone, please note this question will be repeated for all possible entries available.

	Funding agency	Title of award	Overall value	Start date	End date
Most recent funding	<input type="text"/>				
Other funding	<input type="text"/>				
Other funding	<input type="text"/>				
Other funding	<input type="text"/>				

72. Please list any other funding that you have applied for but not yet received or will seek for this project by December 2020.

Please ensure date responses are in DD/MM/YYYY format.

If completing this question on a tablet device or smartphone, please note this question will be repeated for all possible entries available.

	Funding agency	Title of award	Overall value	Start date	End date
Funding that you have or will seek	<input type="text"/>				
Funding that you have or will seek	<input type="text"/>				
Funding that you have or will seek	<input type="text"/>				
Funding that you have or will seek	<input type="text"/>				
Funding that you have or will seek	<input type="text"/>				

73. Please outline how you intend to use funding from Avant. *

Please enter the estimated percentage of the funding that would be used for each of the following activities.

Entries must total 100%.

Equipment purchase	<input type="text"/>
Samples purchase	<input type="text"/>
Salary supplementation	<input type="text"/>
Hire a research assistant	<input type="text"/>
Data entry	<input type="text"/>
Other	<input type="text"/>

0 out of 100% Total

Supervision

74. Title: *

Professor
Associate Professor
Doctor
Mr
Mrs
Ms
Miss

75. Given name: *

76. Family name: *

77. Role/position: *

78. Email: *

79. Supervisor's qualifications.

A minimum of one qualification is required.

Please ensure date responses are in DD/MM/YYYY format.

If completing this questions on a tablet device or smartphone, please note this question will be repeated for all possible entries available.

	Year completed	Institution	Qualification
Qualification 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

80. Please outline you supervisor's experience including previous research or quality improvement projects: *

Character limit: 4,000

81. Number of students supervisor is currently supervising: *

82. Number of students your supervisor has previously supervised (not including current students): *

83. Completion rate of supervised research for supervisor: *

(e.g. 27/30 is a 90% completion)

84. Please list any awards for that your supervisor has received for research supervision: *

If completing this question on a tablet device or smartphone, please note this questions will be repeated for all possible entries available.

Award 1

Award 2

Award 3

85. Describe how supervision is to be provided. Please include a description of the type, frequency and purpose of meetings or other methods used to ensure research is progressing to plan. *

Character limit: 3,000

Declaration by applicant

86. I certify that the information supplied in this application is true and correct. I understand that Avant may wish to verify this information and I consent to such enquires being undertaken as part of the scholarship assessment process. I have read and understood the terms and conditions of the Avant Doctors in Training Research Scholarships Program 2020 (available at avant.org.au/scholarships). I hereby accept and agree to abide by them.

I certify that my supervisor has reviewed the information supplied and it is correct to the best of their knowledge. I confirm that my supervisor supports my application for funding from Avant. *

Sign name using mouse or touch pad

Signature of