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# ALLSA RESEARCH AWARDS APPLICATION FORM

- 2016 -

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**PLEASE NOTE THAT THE APPLICATION FORM AND SUPPORTING DOCUMENTS MUST ALL BE PROVIDED IN ELECTRONIC FORMAT – FAILURE TO DO SO MAY JEOPARDISE THE EVALUATION OF YOUR APPLICATION.**

ARE YOU A PAID UP ALLSA MEMBER? **YES / NO**

(Please note that if your membership is not paid up, you will not be eligible for an award)

STATE FOR WHICH AWARD THIS APPLICATION IS? **ASPEN / CIPLA / MSD**

## PERSONAL DETAILS

FULL NAME OF APPLICANT: .....

PERMANENT ADDRESS: .....

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TELEPHONE HOME: ..... TELEPHONE WORK: .....

FAX:.....EMAIL .....

DATE OF BIRTH: .....

CITIZENSHIP/PERMANENT RESIDENCE: .....

## PROFESSIONAL DETAILS

PRESENT PROFESSIONAL STATUS: .....

INSTITUTION: .....

DEPARTMENT IN WHICH EMPLOYED: .....

DO YOU OCCUPY THE POST ON A PART-TIME OR FULL-TIME BASIS? .....

DEGREES, ETC.	FIELD OF STUDY	UNIVERSITY	YEAR	DISTINCTION
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**EXPERIENCE TO DATE**

NAME OF EMPLOYER/INSTITUTION	CAPACITY AND TYPE OF WORK	PERIOD
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.....	.....	.....
.....	.....	.....

NAME, ADDRESS (INCLUDING TELEPHONE AND E-MAIL) OF REFEREES:

1. ....  
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2. ....  
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3. ....  
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**PROPOSED RESEARCH**

1. TITLE OF STUDY:  
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2. INSTITUTION AND ADDRESS WHERE THE STUDY WILL BE UNDERTAKEN:  
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3. DURATION OF PROJECT FROM: ..... TO: .....
4. UNDER WHOSE SUPERVISION WILL THE STUDIES BE UNDERTAKEN? .....

ADDRESS AND CONTACT DETAILS OF SUPERVISOR: .....

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5. SHORT SUMMARY OF PROJECT (250 words): .....

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6. HAVE YOU CONDUCTED ANY PILOT EXPERIMENTS OR IS THIS PROJECT A FOLLOW UP ON PREVIOUS RESEARCH? IF YES, PLEASE PRESENT A SUMMARY OF THE FINDINGS IN THE PROTOCOL BELOW.

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7. HAVE YOU APPLIED TO ANY OTHER ORGANISATION(S) FOR A GRANT FOR THIS STUDY? If YES, KINDLY PROVIDED DETAILS OF THE DATE, AMOUNT REQUESTED AND OUTCOME OF APPLICATION.

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8. IF AWARDED THE ALLSA FELLOWSHIP, HOW DO YOU PLAN TO USE THE FUNDS? This must be supported by the details present in the budget and motivation.

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9. HAVE YOU OBTAINED INSITUTIONAL APPROVAL FOR ETHICS/BIOSAFETY/ANIMAL SAFETY ISSUES? IF YES, STATE THE INSTITUTION AND THE REFERENCE. If not, this has to be done before any funds will be released.

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10. CAN YOU STATE THE IMPACT OF YOUR RESEARCH INCLUDING CAPCITY DEVELOPMENT AND IMPLEMENTATION OF RESEARCH FINDINGS ASPECTS?

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11. HAVE YOU RECEIVED AN ALLSA RESEARCH GRANT IN THE PAST? IF YES, STATE THE DATE AND THE AMOUNT RECEIVED.

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***I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT***

.....  
***DATE***

.....  
***SIGNATURE OF APPLICANT***

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**THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:**  
(IN ELECTRONIC FORMAT ONLY)

1. RESEARCH PROTOCOL FOR THE PROPOSED WORK TO BE UNDERTAKEN (not to exceed 5 pages).

- Title
- Principal Investigator
- Collaborators
- Start and end date of project
- Background
- Pilot/Preliminary findings of previous research
- Objectives
- Detailed methodology
- References
- Envisaged outputs/outcomes

2. BUDGET FOR PROJECT INCLUDING JUSTIFICATION AND TIMELINES.

Operating budget requested:

Consumables (itemise)		
1		R
2		R
3		R
<b>SUB TOTAL</b>		<b>R</b>
Travel		R
Temporary personnel	R	
Other:	R	
<b>TOTAL</b>	<b>R</b>	

**\* Please note, ALLSA will not contribute any funds towards conference travel, registration and accommodation and salary for the principal investigator**

3. FULL CURRICULUM VITAE OF APPLICANT.

4. ABBREVIATED CURRICULUM VITAE OF SUPERVISOR.

5. SUPPORTING LETTER (SIGNED) FROM SUPERVISOR INCLUDING AGREEMENT TO SUPERVISE THE PROPOSED RESEARCH.