

**ASSC Early Career Grant: Application form**

1. **PROJECT TITLE**

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|  |

1. **APPLICANT NAME(S)** (Insert rows as required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Title | Name | Appointment, Institute | Contact (email & phone) |
| Lead Investigator |  |  |  |  |
| Co-investigators |  |  |  |  |

1. **ASSC STRATEGIC AREA addressed by this project**

**Prevention** of melanoma &/or skin cancer

**Detection** of melanoma &/or skin cancer

**Treatment** of melanoma &/or skin cancer

**Skin diseases**

1. **APPLICATION SUMMARY**

INLUDING BACKGROUND (500 words), AIMS (200 words), HYYPOTHESES (200 words), RESEARCH PLAN (1000 words), SIGNIFICANCE AND INNOVATION (200 words), REFERENCES (1 page maximum)

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| --- |
| BACKGROUND (500 WORDS) |
| AIMS (200 WORDS) |
| HYPOTHESES (200 WORDS) |
| RESEARCH PLAN (1000 WORDS) |
| SIGNIFICANCE AND INNOVATION (200 WORDS) |
| REFERENCES |

1. **TRACK RECORD** (Please provide track record for the for lead investigator ONLY)

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| --- |
| PUBLICATIONS (list all publications) |
| TOP 5 PUBLICATIONS (include reasons that these have been selected |
| GRANTS |
| PRESENTATIONS |
| MENTORING (200 WORDS) |
| CONTRIBUTION TO THE DISCIPLINE (Max 200 words) |

1. **EARLY CAREER ELIGIBILITY**

|  |  |
| --- | --- |
| Date of PhD Award (if applicable) |  |
| Academic career interruptions since the award of your PhD (if applicable) |  |

1. **BUDGET**

Maximum budget is $20,000 over one year

(DOUBLE CLICK TO INSERT DATA)





1. **Do you currently receive funding from the ASSC? Yes/No**
2. **CERTIFICATION OF LEAD INVESTIGATOR**

|  |
| --- |
| I certify that:   1. To the best of my knowledge, all the details on this application form are true and complete. 2. I will comply with all necessary policies and procedures in discharging my responsibilities under this grant. 3. I understand and agree that all ethical clearances must be met before the proposed research can commence. 4. In submitting this application, I consent to its referral to the ASSC assessors for consideration. 5. All parties identified in the application have agreed to its submission and proper inquiries have been made and I am satisfied that all investigators on this proposal meet the eligibility criteria as specified. |
| **Signature of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Applications to be submitted as a PDF. Applications must be submitted via email to** [**melissa.kerr@uq.edu.au**](mailto:melissa.kerr@uq.edu.au) **by 5:00pm, 24 of June, 2021.**