

Sydney Medical School

ROWAN NICKS RUSSELL DRYSDALE FELLOWSHIP IN AUSTRALIAN INDIGENOUS HEALTH

Application Form

Closing date for applications: Friday 10th September 2010.

Check points:

- Applications must be submitted on this form. No attachments are permitted except as specified.
- Handwritten applications will not be accepted.
- Referees' reports will be requested by the Faculty Office after the closing date for applications.
- Applications can be lodged by email to Ms Louise Lawler:
llawler@med.usyd.edu.au
Or by mail after consultation with Louise Lawler - Ph: 0418 251 864.
Late applications will not be considered.

Attachments required:

- Curriculum vitae including - outline of experience in Indigenous health & welfare and a list of publications where applicable.
 - Copy of official academic records.
 - Evidence of submission of higher degree if degree has not already been awarded.
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SECTION A: Personal Details

i. Applicants full name:

Surname: _____ Title: _____

Other names: _____

ii. Address for correspondence: (Postal address):

Tel (BH): _____ Mobile: _____

Email: _____ Fax: _____

SECTION B - Please complete the following summary of your educational and professional experience: Additional pages may be used if required.

1. Level of School and Tertiary educational attainment:

| Institution / Year of Completion | Course | Level of Attainment |
|----------------------------------|--------------------|---------------------|
| Eg. Warren High School / 1978 | School Certificate | Completed Yr 10 |
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2. Current employment position including name of employer organisation:

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3. Outline of experience working in the field of Indigenous health, welfare, education or related areas. (to add rows if required – press tab)

| Year | Experience | Location |
|------|------------|----------|
| | | |
| | | |

4. Academic qualifications: If you are a graduate of an academic institution, *you must supply an endorsed copy of official transcript of your academic record.*

| Year | Qualification | Institution |
|------|---------------|-------------|
| | | |
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| | | |

5. Academic / Employment achievements: (e.g. research experience, community acknowledgement, awards, honours, distinctions, medals,).

6. Please attach your **Resume** or **Curriculum Vitae** here:

SECTION C: Proposed Management of Fellowship

1. Organisational /Discipline information from where the project will be undertaken /managed.

(a) Proposed organisation/discipline/unit:

(b) Short **title** of proposed project:

(Summary of proposed project to be included in section D).

(c) Under whose supervision would your project be conducted (if known):

(d) Higher degree for which you propose to enrol (if applicable):

2. Referees

Please list the names, addresses and contact details (inc. telephone, fax and e-mail) for **3** referees (**excluding the supervisor or head of the unit where the project will be based**) who are willing to provide a written report in support of your application on request by the Faculty Office.

| Name | Position/Title | Phone | Email | Notes |
|------|----------------|-------|-------|-------|
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3. Declaration

I declare that to the best of my knowledge all information contained in this application is correct and I understand that any award to me on the basis of information subsequently found to be incorrect may be withdrawn at any time. If successful in this application I agree to notify the Dean of the Sydney Medical School if I receive any other award from another source. I understand that an award from the Rowan Nicks Russell Drysdale Fellowship may be influenced by the receipt of other funding.

Signature: _____ Date: _____

SECTION D: Outline of proposal for project/course of study and associated budget

The outline of your proposal is to be typed on no more than three pages (to be attached to this application form), and should include no more than twelve references.

Title:

Proposal Description:

Background and Support Information:

Methodology:

Reference List:

Budget: