

**Application Form**

**2021 Post-Doctoral Fellowship**

*The Suicide Prevention Research Fund*

*is proudly supported by*



**Key steps**

1. Review the application guidelines
2. Complete application form, budget and CV template
3. Cross reference the application guidelines and application form to ensure you have addressed all criteria
4. Submit the application and supporting documentation to [sprf@suicidepreventionaust.org](mailto:sprf@suicidepreventionaust.org) by ****11.59pm (AEST) Friday 14 May 2021****

**Guidelines**

Please review the application guidelines which can be found on the Suicide Prevention Australia website.

**Key dates**

|  |  |  |
| --- | --- | --- |
| **Application period** | **Opens**  **1 April 2021** | **Closes**  **14 May 2021** |

**Formatting requirements**

Applicants must:

1. Address all questions below using this template
2. Take note of word limits for each section. Supporting materials such as diagrams, graphs, tables and figures may be attached as an appendix.
3. Complete forms in Calibri 11pt
4. Use the file naming conventions below:

|  |  |
| --- | --- |
| **Document type** | **File naming convention** |
| a) Application | Application - First name Surname - Administering Institution |
| b) CV | CV - First name Surname |
| c) Letter of Involvement | Letter of Involvement - Partner Organisation/s |
| d) Written References | Reference – First name Surname – Referee First name Surname |
| e) Thesis Results | Thesis Results – First name Surname |

1. Supply supporting documents as separate files in Word or PDF format

**Enquiries**

If you have enquiries regarding the Post-Doctoral Fellowship, please contact Suicide Prevention Australia by email at: [sprf@suicidepreventionaust.org](mailto:sprf@suicidepreventionaust.org)

1. **The Applicant**

**Applicant details**

|  |
| --- |
| Position: |
| Title: |
| First name: |
| Last name: |
| Primary contact number: |
| Email address: |

*Note: A CV must be provided at time of application*

**PhD details**

|  |
| --- |
| Thesis title: |
| Research category: |
| Institution name: |

**Are thesis results known?**

* Yes - if yes please supply at time of application
* No

**If no, when can they be expected?**

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1. **The Administering Institution**

**Administering Institution details**

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| --- |
| Institution name: |
| Institution address: |

**Research Administration Officer (RAO) details**

|  |
| --- |
| Position: |
| Title: |
| First name: |
| Last name: |
| Primary contact number: |
| Email address: |

**Is the application being submitted by the RAO on behalf of the Applicant?**

* Yes
* No

**Post-Doctoral Supervisor details**

|  |
| --- |
| Position: |
| Title: |
| First name: |
| Last name: |
| Primary contact number: |
| Email address: |

1. **The Partner Organisation (if applicable)**

**Partner Organisation details**

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| Organisation name: |
| Organisation address: |

*Note: A Letter of Involvement must be provided if the applicant will be partnering with a Partner Organisation for the duration of the Post-Doctoral Fellowship*

**Partner Organisation contact details**

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| --- |
| Position: |
| Title: |
| First name: |
| Last name: |
| Primary contact number: |
| Email address: |

**Partner Organisation Supervisor details**

|  |
| --- |
| Position: |
| Title: |
| First name: |
| Last name: |
| Primary contact number: |
| Email address: |

1. **Responses to Selection Criteria**

**Selection Criteria 1**

**Research title** *(maximum 400 words)*

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**Full project synopsis** *(maximum 400 words)*

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**Objectives** (*maximum 200 words)*

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**Detailed research methodology** *(maximum 1500 words)*

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**Knowledge translation and dissemination strategy** *(maximum 400 words)*

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**How are the perspectives of people with lived experience of suicide being incorporated into the research project?** *(maximum 400 words)*

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**Selection Criteria 2**

**How does the research align with** [**Suicide Prevention Research Fund priorities**](https://www.suicidepreventionaust.org/quality-innovation-research/research-grants/) **and the objectives of the Post-Doctoral Fellowship?** *(maximum 1000 words)*

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**Selection Criteria 3**

**Describe your research track record of achievement relative to career opportunity?** *(maximum 150 words)*

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**Describe your strategy for career development as a researcher?** *(maximum 150 words)*

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**Selection Criteria 4**

**Describe how the Administering Institution will provide a supportive research environment including existing relevant research program and infrastructure?** *(maximum 150 words)*

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**Detail how adequate academic, senior-level supervision of the researcher and associated research will be provided?** *(maximum 150 words)*

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1. **Ethics Approval**

Is ethics approval required for proposed research activities?

* Yes
* No

If yes, do you have ethics approval at this time?

* Yes
* No

Ethics reference number

|  |
| --- |
|  |

1. **Referee details**

Written references from your most recent employers or academic supervisors will need to be provided at time of application. Please provide contact details below.

**Referee 1**

|  |
| --- |
| Position: |
| Title: |
| First name: |
| Last name: |
| Primary contact number: |
| Email address: |

**Referee 2**

|  |
| --- |
| Position: |
| Title: |
| First name: |
| Last name: |
| Primary contact number: |
| Email address: |

1. **Proposed Budget**

| **Item** | **Purpose** | **Amount ($)** |
| --- | --- | --- |
| **Applicant** | | | |
| **Salary** | | | |
| Year 1 |  | $ |
| Year 2 |  | $ |
| **Cost of publishing in academic journals** | | | |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  |  |
| **Other** | | |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Administering Institution** | | | |
| **In-kind contributions** | | | |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Cash contributions** | | | |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Partner Organisation (if applicable)** | | | |
| **In-kind contributions** | | | |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Cash contributions** | | | |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Sum total Suicide Prevention Research Funds requested** | | **$** |
| **Sum total Administering Institution contribution** | | **$** |
| **Sum total Partner Organisation contribution** | | **$** |
| **Grand total** | | **$** |