

APPLICATION FORM – HETI MENTAL HEALTH RESEARCH AWARD

PERSONAL DETAILS

Title	Given Names	Family Name	
Contact Details			
Work Mailing Address			
Suburb	State	Postcode	
Home Mailing Address			
Suburb	State	Postcode	
Work Phone	Work Email	<input type="checkbox"/> Preferred Email	
Mobile	Home Email		
Citizenship / Residency Status			
<input type="checkbox"/> Australian Citizen / Permanent Resident	<input type="checkbox"/> Other	Details	

TRAINING AND EXPERIENCE

Academic Record			
Degree/Diploma	Institution	Year conferred	
RANZCP (if applicable)			
Training Commencement	Date	MCQ – completion or next sitting	Date
Written Exams Completion	Date	OSCE – completion or next sitting	Date
Psychotherapy case – completion or submission	Date	Attainment of FRANZCP	Date
Scholarly Project – completion or submission	Date		
Postgraduate Training and Experience (excluding psychiatric training)			
Designation	Hospital	Dates	
Psychiatric Training and Experience			
Designation	Hospital	Dates	

PROPOSED AWARD

Title of project

Award Requested	Full Time	Part Time	If Part time, please indicate%	%
	If you are offered a part time award instead of a full time award would this be acceptable?			Yes
Principal Supervisor	Title	Given Names	Family Name	
	Mailing address			
	Suburb	State	Postcode	
	Phone	Email		

If applicable which LHD will you be employed by for the duration of the Award?

OTHER INFORMATION

How did you hear about this Award?

SUBMISSION

Applications should be returned to Neridah Callaghan at HETI by email

neridah.callaghan@health.nsw.gov.au

Please mark documents included:

Research Proposal	Statement of Supervisor's Support
CV	Supervisor's Comments regarding methodology and feasibility

If you are a Psychiatry registrar, please submit Support for Application Forms from the following:

Supervisor	Director of Training (not primary but if Award is split across two training networks)
Director of Training (current)	Director of Advanced Training
Director of Training (for duration of the Award – if different from above)	Network Governance Committee (if required)

PLEASE NOTE THE FOLLOWING

Applicants should expect that ethical issues may be discussed at interview and, if successful, ethics requirements will be discussed before commencing your award.

DECLARATION

I have read and understand the HETI Guidelines about the Mental Health Research Award, the Guidelines for Developing and Submitting a Research Proposal and the Conditions for the Provision of HETI Awards in Psychiatry and Mental Health. To the best of my knowledge the proposed project conforms in all respects to the NHMRC Guidelines and the National Statement on Ethical Conduct in Human Research. I am also aware that if I breach these Guidelines in the course of my research then disciplinary action may be taken against me. (The National Statement is available at [here](#))

I agree

I do not agree

An application receipt confirmation will be sent via email to your preferred email address

HETI ADMIN USE ONLY

Admin signature	Date Received	Entered in database	Date Applicant Notified by Email
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