

# APPLICATION FORM Closing Date: Monday 24 May 2021

### **How to Apply**

#### **Application process:**

- 1. Complete the application form for the Lindsey Baudinet Rising Star in Type 1 Diabetes Research supplying any documents or information requested.
- 2. Arrange for referees to return their completed report forms to: <a href="mailto:ceo@diabetessociety.com.au">ceo@diabetessociety.com.au</a> by the Closing Date.
- 3. Return the form to the Australian Diabetes Society by email: <a href="mailto:ceo@diabetessociety.com.au">ceo@diabetessociety.com.au</a> by the Closing Date.

Enquires should be directed to: <a href="mailto:ceo@diabetessociety.com.au">ceo@diabetessociety.com.au</a>

Applicant Information						
Title:		Family Name:			Given Names:	
Postal Addre						
Phone (includ area co	ling			E-mail:		
Date o	of Birth:					
(Depar	nt Position rtment/ y/Instituti					Date Commenced:
Previo Positio (Depar Faculty	ons	on)				Dates:

### List highest qualification first

#### 1<sup>st</sup> qualification

<u> </u>							
Name of deg	gree:						
Year comme	enced:	Last year of study	:	Did you grad	duate?	YES	NO
Institution Name:			If you did no please expla				
2 <sup>nd</sup> qualific	ation						
Name of deg	gree:						
Year comme	enced:	Last year of study	:	Did you grad	duate?	YES	NO
Institution Name:			If you did no please expla				
3 <sup>rd</sup> qualific	ation						
Name of deg	gree:						
Year comme	enced:	Last year of study	:	Did you grad	duate?	YES	NO
Institution Name:			If you did no please expla				

### **Proposed Research**

2. Proposed research: Brief background and research plan (include references). Give details of specialised training. (Maximum of two pages will be accepted)
Brief background and research plan (include references). Give details of specialised training.
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(Maximum of two pages will be accepted)
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3. Summary of future objectives:

research program? (350 words maximum)	
oposed Mentor/Supervisor (List Primary Mentor/Supervisor first)	
e: Given Family	
Names: Name:	
titution: Position:	
e: Given Family	
Names: Name:	
Names: Name:	
Names: Name: Position:	
Names: Name: Position:  e: Given Family	
Names: Name: Position:	

6. Please provide a statement on the mentor/supervisor and research group/department/institute which will foster the applicant to achieve their goals (350 words maximum)					

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Applicants are asked to provide two referees' reports in support of their application.

Details of the referees should appear below.

**NB:** It is the applicant's responsibility to ensure the referees' reports are received by **24 May 2021.** 

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R	P	te.	re	P	1

Referee 2			
Email:			
Address:			
Organisation Name:		Phone:	
Full Name:	Relationship to applicant:		
•			

Full Name:	Relationship		
	to applicant:		
Organisation Name:		Phone:	
Name:			
Address:			
Email:			

1.	My up-to-date CV	are attached.	
2.	I have signed and	dated the Declaration.	
3.	My application ha	s been signed by the Head of the Department/School	
4.	My referees have	agreed to provide their reports by 24 May 2021.	
5.	I have read and u	nderstood the Privacy Collection Notice provided with this applicatio	n form.
			·
		Declaration	
		iven in this application are correct and that, if successful, I will hold trent conditions of award.	the award in
infor		to my being awarded the Rising Star Award, I understand that false ation may result in the award being withdrawn or other disciplinary aciety.	
Sign	nature:	Da	ate:
	Certifi	cation by proposed Head of Department/Scl	hool
	tify that appropriate a undertaken.	facilities will be available to the applicant, if successful, to allow the	proposed studies
	ame with Initials block letters)		
Dena	artment / School		
	itution		
/Insti	itution nature:	Da	ate:

Checklist

### Referee Report

## The Australian Diabetes Society

Lindsey Baud	dinet Rising Star Award in Type 1 Diabetes Research
Closing Date	24 May 2021
Application for an Award by	
of (Institution)	
Short project title:	
the completed application form	omplete the above and forward to your two nominated referees with a copy of and curriculum vitae. It is your responsibility to ensure that the referee reports Diabetes Society by <b>24 May 2021.</b>
Note to Referee: Please com	ment on the applicant's track record and ability to pursue the proposed research.

Name of Referee				
Appointment				
Dept. or Institution Address:				
Signature		Date		
Please forward to: ceo@diabetessociety.com.au				