*2019 Student Research Award Application Form*

**APPLICANT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| University Address |  | | | |
| Postal Address  (if different from above) |  | | | |
| Office phone |  | Fax |  | |
| email |  | | | |
| Degree you are enrolled in |  | | | |
| Thesis title |  | | | |
| Date of enrolment  (month and year) |  | Expected completion (month and year) | |  |

**SUPERVISOR DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| University Address |  | | |
| Office phone |  | Fax |  |
| email |  | | |

I wish to be considered for the (i) Terry Walker Award\* 🞎 Yes 🞎 No

(ii) Danielle Simmons Award\*\* 🞎 Yes 🞎 No

(iii) ACRS Award 🞎 Yes 🞎 No

\* Given Terry Walker's commitment to field studies on Australian coral reefs and cays, this award is to be spent primarily on field studies on Australian coral reefs.

\*\* Given Danielle Simmons commitment to field work at Heron Island, successful applicants for this award will need to spend some time at Heron Island working in the field.

**APPLICANT CV**

RESEARCH EXPERIENCE (300 words maximum)

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| --- |
|  |

GRANTS, PRIZES AND AWARDS (300 words maximum)

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| --- |
|  |

PUBLICATIONS (papers, published conference abstracts, other)

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|  |

**PROJECT DETAILS**

PROJECT TITLE (This may relate to individual chapter/s or your overall research project)

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| --- |
|  |

PROJECT AIMS (100 words maximum)

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PROJECT JUSTIFICATION (300 words maximum)

Address the significance and innovation of the research, how the results will advance knowledge, and highlight any novel/original features. If you would like to be considered for a Terry Walker or Danielle Simmons award, please highlight how you will meet the eligibility criteria mentioned above (page 1)

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PROJECT METHODOLOGY (1000 words maximum, including references)

Outline the project design, the methods you will use to address the proposed research, and progress made to date

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PROJECT BUDGET

Provide an indication of how the award will be spent and details of all other sources of funding for the project. Please use the subheadings provided and itemise individual expenditures

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | ACRS Award | Other Funding | TOTAL |
| Travel |  |  |  |
|  |  |  |  |
| Bench Fees |  |  |  |
|  |  |  |  |
| Equipment |  |  |  |
|  |  |  |  |
| Other |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL |  |  |  |

BUDGET JUSTIFICATION (300 words maximum)

Provide a brief justification of all items and indicate other sources of funding that have been secured for the project

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| --- |
|  |

DECLARATION

We confirm that .............................................................................................................(name) is enrolled at ...........................................................................................................(Institution) and that the proposed project forms part of his/her PhD/MSc.

We also confirm that ...............................................................................................(Institution) will administer the award should the application be successful.

**Supervisor:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Institution Representative (e.g. Head of School/Unit/Institute):**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

CHECKLIST

Are you a current financial member of the Australian Coral Reef Society? 🞎 Yes 🞎 No

Have you included with your application:

* A copy of your **2019 ACRS membership** payment receipt? 🞎 Yes 🞎 No
* A signed statement by your supervisor and a representative of 🞎 Yes 🞎 No

the University verifying that the project has been represented

accurately, is part of your higher degree research, and the Institution

is prepared to administer the award?

* Is your application a **single** file (.docx)? 🞎 Yes 🞎 No
* Is your application file named appropriately 🞎 Yes 🞎 No

(last name\_first name.docx)?

**Please email the completed application form together with the attachments (membership receipt and supervisor statement) to**

**Selma Klanten (**[**osklanten@me.com**](mailto:osklanten@me.com)**) by**

**5 pm (AEDT) on Friday 15 February 2019**

**PLEASE NOTE: ALL APPLICATIONS WILL BE ACKNOWLEDGED BY RETURN EMAIL**

**APPLICATIONS RECEIVED AFTER THE DEADLINE OR THAT ARE NOT SUBMITTED IN THE REQUESTED FORMAT (SINGLE FILE) OR WHERE WORD LIMITS ARE EXCEEDED WILL NOT BE CONSIDERED**

If you have any questions regarding your application please contact:

Selma Klanten (email [osklanten@me.com](mailto:osklanten@me.com))