

Morson Taylor Research Grant Application form

ACEM Foundation

Complete this application form to apply for the Morson Taylor Research Grant. The form should be submitted, together with the documentation specified below, to the ACEM Foundation at foundation@acem.org.au within the advertised timeframe.

Personal Details 1.

	Last name							
	Given names							
	Email				ACEM ID			
2.	College Exa	minat	ions					
2.1	Primary Examination							
	Passed	or	Attempted	Month	Year			
2.2	Fellowship Examination							
	Passed	or	Attempted	Month	Year			
3	Current nos	sition						

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Institution

Department

Appointment date



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4. Medical Qualifications

4.1 List your qualifications in the table below

Qualification	Institution
	Qualification

4.2 Academic achievements during undergraduate course (e.g. honours, distinctions):

4.3 Additional academic qualifications; details of further relevant degrees or qualifications:



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5. Research

5.1 Postgraduate research experience (including dates):

5.2 Other research experience:

5.3 Please attach a list of publications with your submission.

Attached



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6. Proposed research

Proposed Institution and Department	
Short title of research	
Intended Supervisor (if applicable)	
Intended Head of Department (if applicable)	
Institution that will administer the grant (if applicable)	

6.1 Referees

Referee 1		
Full name		
Phone no.		
Email		
Referee 2		
Full name		
Phone no.		
Email		



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6.2 Other funding

Has other funding been applied for/or granted in relation to this project?

Yes No

If yes, please detail below:

6.3 Please attach an outline of the proposed research

The project outline should be written in consultation with the Supervisor (where appropriate) and include

- a maximum of two pages;
- a maximum of six references; and
- a project budget.

Attached

Please ensure that you have read the conditions associated with this grant, and complete the section following.

7. Declaration

I have read the conditions associated with the Morson Taylor Research Grant and agree to comply with them as required.

Full name

Signature

Date

