



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

APPLICATION FORM

Form Nr: AP373
Approved: Sep-2014
Last Revised: Apr-2018
Version No: v4

MORSON TAYLOR RESEARCH GRANT 2019

1. PERSONAL DETAILS

Full Name	
College ID	
Email	

2. COLLEGE EXAMINATION

2.1 Primary Examination

Passed Yes No Date: (month / year)

Attempted Yes No Date: (month / year)

2.2 Fellowship Examination

Passed Yes No Date: (month / year)

Attempted Yes No Date: (month / year)

3. PRESENT POSITION

Department	
Institution	
Appointment date	

4. MEDICAL QUALIFICATIONS

Year	Qualification	Institution

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

4.2 Additional academic qualifications; details of further degrees or additional qualifications which are relevant:

5. RESEARCH

5.1 Postgraduate research experience (including dates):

5.2 Other research experience:

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5.3 Please attach list of Publications.



6. PROPOSED RESEARCH

Proposed Department & Institution	
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

First Referee

Full Name	
Telephone	
Email	

Second Referee

Full Name	
Telephone	
Email	

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

Yes No

If yes, please detail:

6.3 Outline of proposed research (to be attached)



- (To be written in consultation with the Supervisor where applicable).
- A maximum of two pages and no more than six references is appropriate. A project budget should be included.

(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	