

Prostate Cancer Foundation of New Zealand Study Grant Application Form



SECTION 1 – Summary and Background

Applicant contact details

Name			
Address Suburb City			
Telephone		Fax	
Email			

Personal details

Date of birth		Male		Female	
Nationality					

Proposed Male Specific Cancer study details

Training organisation	
Department	
Qualification resulting from this study	

Proposed commencement date (dd/mm/yy)	
Proposed completion date (dd/mm/yy)	
Proposed term of study (mm)	

Media summary of study (100 words maximum) and its significance to male specific cancers, in language understandable to the public as a press release.
(Please complete below)

These grants were made possible by the generous donations
made to our Blue September campaign



Academic record and experience – Outline your academic school results and any tertiary study results and qualifications, prizes or awards. Attach copies of evidence of these results and achievements. Summarise your education to date and your intentions for the future.

(Please complete below)

Any additional information that may be of interest to the Foundation

(Please complete below)

SECTION 2 – Description of study programme (4 page maximum for this section)

Full outline of the study programme

(Please complete below)

Why have you chosen this course of study and how do you see it meeting the objectives of the Foundation? How have you demonstrated a proven interest in the field of male specific cancer?

(Please complete below)

SECTION 3 – Applicant Referee Nominations

Please nominate three people, whom the Foundation could usefully discuss your suitability for this study programme (you should first ascertain that they are willing to do this).

Grant Applicant

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Proposed study programme

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Nominated referee

Referee name	
Full address	
Telephones	
Fax	
Email	
Area(s) of expertise	
Relationship to applicant	

Nominated referee

Referee name	
Full address	
Telephones	
Fax	
Email	
Area(s) of expertise	
Relationship to applicant	

Nominated referee

Referee name	
Full address	
Telephones	
Fax	
Email	
Area(s) of expertise	
Relationship to applicant	

SECTION 5 – Disclosure Statement:

List below any other sources of funding you have made or plan to make application to and the dollar value of the funds you are seeking from each of those sources.

Potential funding source	\$ value of funds applied for	Date of expected notification regarding this funding application

Sign the appropriate declaration:

The sources above are those I have applied to, or plan to make funding application to for this initiative:

Grant applicant

Name:	Signed:	Date:
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Or

I am not making application to any other funding sources for this initiative:

Grant applicant

Name:	Signed:	Date:
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SECTION 6 – Any additional comments with regard to any aspect of this application:

(Please complete below)

SECTION 7 – Confidentiality

(Do not copy. Send with original signed copy of application only).

Name of grant applicant

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Proposed study

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Privacy Provisions

The information requested in this proposal will be used for the purpose of assessing this proposal. Some information will be used in a non-identifiable form for the Foundation statistical purposes. The Foundation undertakes to store all proposals in a secure place, and to destroy declined proposals after due process to preserve confidentiality.

For public interest purposes, the Foundation reserves the right to release the applicant's name, course of study and funding awarded for successful applicants.

Grant applicant

Name:	Signed:	Date:
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SECTION 8 – Reporting agreement

(Do not copy. Send with original signed copy of application only).

All recipients of a Foundation study grants will provide regular progress reports to the Foundation (six-monthly).

Grant applicant

Name:	Signed:	Date:
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SECTION 9 – Reminders

(Do not copy. Send with original application only).

Applications are required by 1 December 2011. Late applications will not be considered

Be sure you have used the correct font size (12) and have not exceeded word limits, since doing so may result in your proposal being returned and not considered in this funding round.	
Check that you attached copies of your academic records	
Check you have signed this document in the relevant places	
Check to be sure you have Sections, 7, 8 and 9 with your original application ONLY, and NOT in the copies submitted with the original.	
Be sure that your ORIGINAL copy is PAPER-CLIPPED together, and that your 5 PHOTOCOPIES are individually STAPLED. Post to: CEO Prostate Cancer Foundation of NZ PO Box 11006 Musselburgh Dunedin	
Send electronic copy (in Microsoft Word or PDF) of the application to: info@prostate.org.nz	