



The 2021 Cystic Fibrosis Lung Health Grant sponsored by For Benefit Medicines

Applicant Details

Surname: _____

First Name: _____

Postal address: _____

Suburb: _____ State: _____ P/Code: _____

Phone: _____ Mobile: _____

Email: _____

Discipline Studied: _____

Degree: _____

Degree Awarded, University: _____

University & Year: Year: _____

Year PhD commenced: _____
(if applicable)

Year PhD finished (if complete): _____

Refereed Publications: _____

Administering Institution & Supervisor Details

Name of Institution: _____

Address: _____

Suburb: _____ State: _____ P/Code: _____

Supervisor's Name: _____

Supervisors Department: _____

Phone: () _____ Mobile: _____



E-mail: _____
Name of Research Coordinator: _____
Name of Research Department: _____

Lay Project Description

Project Name (Lay): _____
Project Description (Lay*): _____

Scientific Project Description

Project Name (Scientific): _____
Project Description (Scientific**): _____

Signatures

Supervisor's Name: (PRINT) _____
Supervisor's Signature _____
Applicant's Name: (PRINT) _____
Applicant's Signature _____

*** Lay Project Description:** *Please provide a description of your project in LAY terms (you may attach supporting documentation to your application). The recommended maximum length is one A4 page of 11 pt type.*

**** Scientific Project Description:** *Please provide a SCIENTIFIC description of your project. (you may attach supporting documentation to your application). The recommended maximum length is two A4 pages of 11 pt type.*

Checklist for Applicants

- Have you described why your project will make a difference to our understanding of CF or to those who live with CF and their families?
- Have you described the resources that you will have to conduct the research at the proposed site?
- Have you included your project budget?
- Have you AND your supervisor both signed your application?

This grant cannot be used to cover any indirect costs or fees by institutions.

Submission Information

Submission Information:

- Submit your signed, completed application form and any attachments to nickim@cfa.org.au by **Friday, 19 March 2021 at 17.00 hrs AEDT.**

Date Received (<i>office use only</i>)	
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Please note:

- i** *All successful grant recipients are required to submit a photo initially and then, a short progress report within 6 months of the start of the Project and a comprehensive final report within 12 months of the start of the Project.*
- ii** *All successful applicants will be required to sign the ACFRT Funding Agreement for the For Benefit Medicines Grant to acknowledge their agreement with the terms and conditions.*