MRes Scholarship Application

Applicant ID *(office use only)*:

AUSTRALIAN CHIROPRACTORS ASSOCIATION

1. TITLE/AREA OF PROPOSED PROJECT

2. APPLICANT DETAILS

Family name		Given name		Title	
Postal address					
Phone		Fax		Email	
Chiropractic Registration number					
ACA Member number (if applicable)					

3. PROPOSED TERTIARY INSTITUTION *(institution/faculty/department)*

4. PROJECT DETAILS

4a. PROJECT SUMMARY *(250 word max)*

Summarise the aims, methodology and significance of the proposed project.

4b. RESEARCH PLAN *(2 pages max - please attach separately)*

Address the following: background, aims, methodology and significance.

4c. PROJECT TIMELINE

Indicate whether you will be studying full or part-time.	**Full-time** ☐	**Part-time** ☐
How many hours/week will you spend on this project?		
Has your project started?	**Yes** ☐	**No** ☐
When did/will it start?		

Outline a proposed timeline for the project including important milestones.

4d. SIGNIFICANCE TO CHIROPRACTIC *(500 word max)*

Explain the significance of your project to the chiropractic profession with specific reference to the strategic directions of the ACA Board. (Safety, effectiveness, affordability, collaborative; see attached document for more information).

5. POTENTIAL OF THE APPLICANT

5a. FORMAL TRAINING *(include any current studies; attach full academic transcript)*

Qualifications (include institution / year)	
Awards/prizes	

5b. RESEARCH EXPERIENCE *(250 word max)*

Provide details of any research experience and output achieved to date.

5c. SIGNIFICANCE OF TRAINING/EXPERIENCE TO THE CURRENT PROJECT *(250 word max)*

Provide explain how the training and experience you have undertaken relate to the likelihood of success of the project.

6. CAPACITY OF THE SUPERVISION

6a. PRIMARY SUPERVISOR

Family name		Given name		Title	
Institution/faculty/department					
Phone		Fax		Email	

Provide a short Bio (*200 words max*) plus 5 most significant publications in the last 5 years

6b. SECONDARY SUPERVISOR *(if applicable)*

Family name		Given name		Title	
Institution/faculty/department					
Phone		Fax		Email	

Provide a short Bio (*200 words max*) plus 5 most significant publications in the last 5 years

6c. DETAILS OF THE SUPERVISORY ARRANGEMENTS *(250 word max)*

Provide details of the supervisory arrangements available to the applicant and the impact the supervisors will have in relation to the training they will provide the applicant and the success of project.

7. DECLARATION

I declare that to the best of my knowledge the details provided in this application form and in any supporting documentation are true and complete. I am aware that there are severe penalties for providing false or misleading information, including exclusion of my application and cancellation of scholarship support.

In applying for this scholarship I hereby give consent for the application to be made available to others for purpose of providing peer review. If successful in this application I agree to abide by the conditions of award as stipulated in the ACA Scholarship Funding Agreement.

Applicant	Primary Supervisor
Signature	Signature
Date	Date

Please return application to:
Kim Tompkin – kim.tompkin@chiropractors.asn.au
Australian Chiropractors Association Limited
Level 1, 75 George Street,
Parramatta NSW 2150