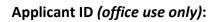
PhD Scholarship Application





L. TITLE/AREA OF PR	OPOSED PROJECT		
. APPLICANT DETAI	<u>-S</u>		
Family name		Given name	Title
Postal address		1- "	
Phone	Fax	Email	
Chiropractic Registr			
ACA Member numb	er (if applicable)		
TROI OSED TERTIF	iki ilistifofioli (msi	itution/faculty/department)	
DDOLECT DETAILS			
. PROJECT DETAILS			
- DDOLEGE CLIBARA	ADV (250)		
	ARY (250 word max)	-:f:	
ummanse the aims,	methodology and sigi	nificance of the proposed project.	
b. RESEARCH PLAN	(2 pages max - please	e attach separately)	
ddress the following	g: background, aims, r	nethodology 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 mileston	nes.	
4d. SIGNIFICANCE TO CHIROPRACTIC (500 word max) Explain the significance of your project to the chiropractic profession wi strategic directions of the ACA Board. (Safety, effectiveness, affordabilit document for more information).		
,		

5. POTENTIAL OF THE APPLICANT

5a. FORMAL TRA	AINING (include any current studies;	attach full academic trans	cript)
Qualifications (include institution / year)			
Awards/prizes			
	XPERIENCE <i>(250 word max)</i> of any research experience and outpu	t achieved to date.	
	,		
Provide explain h	CE OF TRAINING/EXPERIENCE TO THE now the training and experience you		
of the project.	_		

6. CAPACITY OF THE SUPERVISION

6a.	PR	IM	AR'	Y SL	JPE	RV	IS(OR
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Instituti	name			Giver	n name	Title	
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Phone		1	Fax		Email		
Provide a	a short I	Bio (200 words	max	() plus 5 most signif	icant pu	blications in the last 5 years	
i							
6b. SECO	NDARY	SUPERVISOR	lif at	nnlicable)			
Family r			(-) <u></u>		n name	Title	
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		Bio (200 words	: max	k) plus 5 most signif	icant pu	blications in the last 5 years	
		Bio (200 words	max	k) plus 5 most signif	icant pu	blications in the last 5 years	

6c. DETAILS OF THE SUPERVISORY ARRANGEMENTS Provide details of the supervisory arrangements ava supervisors will have in relation to the training they	ilable to the applicant and the impact the
	The provide the applicant and the success of project
7. DECLARATION	
I declare that to the best of my knowledge the detai supporting documentation are true and complete. I providing false or misleading information, including scholarship support.	am aware that there are severe penalties for
In applying for this scholarship I hereby give consent for purpose of providing peer review. If successful in of award as stipulated in the ACA Scholarship Funding	this application I agree to abide by the conditions
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