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| **Applications close: 5.00pm AEDT, Monday 25 October 2021**Applications are to be submitted by your **Institution’s Research Administration Office** as one document in PDF format with the naming convention of:**“Surname\_Firstname\_Category of application.pdf”** (as appropriate) to travelgrants@jdrf.org.au |

**Formatting**

* + All applications for funding **must** be submitted using the following application form
	+ Applicants are to enter their name in the Footer as per the naming convention – ‘*Applicant Last Name, First Name’,* and retain all page numbering.
	+ All text is to be a minimum of size 12 Times New Roman font with borders no less than 2 cm on each side, top and bottom. Pages must be A4. Do not alter the formatting of the pro-forma document. All text boxes may be expanded but must comply with any indicated page limits.
	+ All fields must be complete – enter ‘N/A’ if not applicable.
	+ Application must be submitted as file and saved as an unlocked PDF.

**NB:**  JDRF may reject applications that do not meet any of the above requirements. Incomplete applications or applications that do not meet eligibility requirements will NOT be accepted without prior discussion with JDRF staff. For any further information, please email the Sonya Luu on travelgrants@jdrf.org.au or (02) 8364 0243.

***\*\*Please do not include this page within the submission\*\****

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| 1. **DETAILS SUMMARY**
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| Category of Grant:(please select **one**)) | **Early-Career** [ ]  |
| **Mid-Career** [ ]  |
| **Allied-Health/Nursing** [ ]  |
| **Applicant Details** |
| Name and title: |  |
| Current Institution: |  |
| E-mail address: |  |
| Contact number: |  |
| Where did you hear about the JDRF Travel Grant Award? |  |
| **Eligibility** |
| Country and Residency status: |  |
| Date PhD was or is to be conferred (if applicable): |  |
| Have you been engaged in Australian diabetes research in the field of type 1 diabetes for over 12 months? | *(Yes/No)* |
| Please indicate any funding awarded by JDRF: |  |
| (For mid-career applicants)Does your title exclude Associate Professor or above? | *(Yes/No)* |
| **Conference Details** |
| Name of intended scientific meeting or conference: |  |
| Dates of travel or conference: |  |
| Total $ amount requested for funding: |  |
| **Administering Institution Details** |
| Name of Institution: |  |
| Postal address of institution: |  |
| **Research Administration Office Contact**  |
| Name and title:  |  |
| Position: |  |
| E-mail address: |  |
| Contact number: |  |

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| 1. **LAY DESCRIPTION**
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| Please address the below using non-technical language suitable for a lay audience.*The application will be reviewed by panels who are familiar with T1D so there is no need to describe the disease as part of the lay description.* ***Do not exceed 1 page.*** |
| **What is your research project?** *Please describe your research aim, methodology (including sample size if applicable), results and conclusions.**(Insert text)***How will your research improve the lives of people with type 1 diabetes?***(Insert text)***How will your travel assist your research?***(Insert text)* |

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| 1. **CONFERENCE OR MEETING DETAILS**
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| Please insert all information outlined below:* Please include submitted abstract, invitation to present and copy of registration. If abstract has not yet been submitted, please provide a draft abstract of the research that will be presented and notify JDRF immediately upon receiving confirmation of acceptance of your abstract.
* **NB:** If your Travel Grant application is successful, payment will not be made until confirmation of abstract acceptance is submitted to JDRF. If your abstract is not accepted, your Travel Grant application will be rescinded

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| 1. **CURRICULUM VITAE**
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| Please include your CV as per the categories below: ***Do not exceed 4 pages.*** |
| **Academic and Technical Qualifications – Please include any qualifications in descending chronological order** |
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| **Career Summary – Please include any relevant experience and expertise in descending chronological order** |
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| **Awards and achievements – Please include any relevant awards and/or achievements in descending chronological order** |
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| **Research Publications A – Choose the 3 most important and relevant peer-reviewed publications within the past 3 years (in order of merit) with a short paragraph indicating their importance.**  |
| **1.****2.****3.** |
| **Research Publications B – List all peer-reviewed publications within the past 5 years.** |
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| **Grants and funding – Please indicate any awarded grants including the funding body and amount funded if applicable.** |
| *(N/A if not applicable)* |
| **Research Translation – include impact of previous research including translation of research into changing policy or practice.** |
| *(N/A if not applicable)* |

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| 1. **BUDGET**
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| Insert a new line item as appropriate for the budget below. May include all travel related work expenses including airfares, accommodation, taxis, visas, meals, etc.Do not exceed **$1,000** for virtual conferences and meetings and **$2,000** if travel is within Australia. |
| **Item** | **Details** | **Cost (in AUD)** |
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|  |  |  |
| **Total** |  |
| **Have you applied for other sources of funding for this travel? If so, please list details:** *(Insert N/A if not applicable)* |

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| 1. **LETTER OF SUPPORT**
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| Insert one letter of support from one supervisor commenting on your work, commitment to type 1 diabetes research, and the scientific benefits of the travel below. ***Do not exceed 1 page.*** |

*(Insert letter here)*

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| **7. CAREER DISRUPTION *(if applicable)*** |
| Include a detailed description regarding any career disruptions within the last 5 years below. This is to include dates, FTE, reason for disruption and must be signed by the relevant head of school or department. ***Do not exceed 1 page.*** |
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| **8. CERTIFICATION** |
| **Applicant certification** I certify that I understand all requirements of me and that the information I have provided is true and correct.Name: ………………………………………………….. Date: ……………………….Signature: ………………………………………………………………………………. |
| **Institutional Research Administration Office certification**I certify that the Administering Institution supports this application and that all institutional requirements have been satisfied.Name: ………………………………………………….. Date: ……………………….Position: ………………………………………………..Signature: ………………………………………………………………………………. |