

SCHOLAR AND RESEARCH OVERVIEW

If you have any queries, please contact MS Research Australia Grants Coordinator on grants@msra.org.au or 02 8413 7950. Your MS Research Australia application number is {{submission.reference_id}}.

Scholar details

Title

- Professor
- Associate Professor
- Dr
- Mr
- Mrs
- Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone - Office

Telephone - Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or will you at the time of grant commencement date)

- Yes
 No

Working time (%) to be devoted to this project (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Highest Academic award name and year obtained

Supervisor Details

Title

- Professor
 Associate Professor
 Dr
 Mr
 Mrs
 Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone - Office

Telephone - Mobile

Email Address

Working time (%) to be devoted to this project (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Co-Supervisor 1 Details

Leave blank if not applicable

Title Professor
 Associate Professor
 Dr
 Mr
 Mrs
 Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone - Office

Telephone - Mobile

Email Address

Working time (%) to be devoted to this project (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Co-Supervisor 2 Details

Leave blank if not applicable

Title Professor
 Associate Professor
 Dr
 Mr
 Mrs
 Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone - Office

Telephone - Mobile

Email Address

Working time (%) to be devoted to this project (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

RESEARCH SUMMARY

Application Scientific Title

Application Lay Title

Application Research Keywords

Up to 7 keywords or phrases in descending order of importance.

1.

2.

3.

4.

5.

6.

7.

Lay Summary

Describe, in lay terms, the aims of your research. Please note: The information in this section will be used to write up lay summaries on the MS Research Australia website and be read by the general public. Please make sure this section is written in lay terms.

Research Synopsis

Provide an overview of your research proposal. Please note: The information in this section will be used to send to potential reviewers. Only enter information in this section that you would want a potential reviewer to read.

Research Innovation

Explain what is innovative about the proposed project and how it will further our understanding of the disease pathology, finding a cure for MS or improving disease management.

Relevance to Multiple Sclerosis

Explain in detail how your project contributes to advancing the understanding, treatment or management of MS.

Duration of proposed scholarship

Please indicate the length of the proposed research (up to three years). 1 year

2 years

○ 3 years

POSTGRADUATE RESEARCH PLAN UPLOAD

Please upload your research plan using the indicated template. Follow the instructions in the template. **IMPORTANT:** The maximum overall length of the Research Plan is 14 pages. If you go over this limit your application will be REJECTED. You must adhere to the formatting and page limit restrictions. Upload only as a PDF.

Upload

Upload CV

Scholar - abbreviated CV and publications.

Please upload an abbreviated CV including your publications from the last 5 years. This upload cannot exceed 3 pages in total. Please note your CV should not exceed 2 pages. You also have an additional 1 page for your most recent and germane publications relating to this proposal. Publications should be provided in Journal Of Neurology format and must include citations. Please upload as a PDF only. This version of the portal does not retain a footprint of uploaded word documents.

Scholar career disruption

Outline any career disruptions that may be relevant to the last six years of your research career. Clearly outline the duration and impact the career disruption had on your productivity: Provide a brief summary, describing the disruption to your career including the duration and total of absences. Outline the impact of this disruption on your research output/productivity.

Supervisor - abbreviated CV and publications.

Fellow to arrange for the supervisor's (reduced) CV and publication list to be uploaded here as a PDF. This upload cannot exceed 2 pages in total. The format is not prescribed. Please note the CV should not exceed 1 page. The other page is for their most recent and germane publications relating to this proposal. Publications should be provided in Journal of Neurology format and must include citations. Please upload as a PDF only. This version of the portal does not retain a footprint of uploaded word documents.

Co-supervisor 1 - abbreviated CV and publications. Leave blank if not applicable.

Fellow to arrange for the co-supervisor's (reduced) CV and publication list to be uploaded here as a PDF. This upload cannot exceed 2 pages in total. The format is not prescribed. Please note the CV should not exceed 1 page. The other page is for their most recent and germane publications relating to this proposal. Publications should be provided in Journal of Neurology format and must include citations. Please upload as a PDF only. This version of the portal does not retain a footprint of uploaded word documents.

Co-supervisor 2 - abbreviated CV and publications. Leave blank if not applicable.

Fellow to arrange for the co-supervisor's (reduced) CV and publication list to be uploaded here as a PDF. This upload cannot exceed 2 pages in total. The format is not prescribed. Please note the CV should not exceed 1 page. The other page is for their most recent and germane publications relating to this proposal. Publications should be provided in Journal of Neurology format and must include citations. Please upload as a PDF only. This version of the portal does not retain a footprint of uploaded word documents.

ACADEMIC TRANSCRIPT

Upload your latest academic transcripts here.

Ensure: The year and the course is identifiable. It is in portrait format. It is legible. If this is a record from your student results profile, your supervisor must counter sign the form before it is scanned. It may contain more than 1 page.

ADMINISTRATIVE DETAIL

Award Type

THIS IS A HIDDEN FIELD DO NOT DELETE OR WE WILL LOSE DATA.

Scholar details

Title

Full name (including alternate first name in brackets)

Current appointment

Institution and address

Telephone - Office

Telephone - Mobile.

Email address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? This is not required at time of application. However to be eligible to take up this grant you must satisfy either of these conditions by 31 January 2018.

- Yes
 No

THIS IS A HIDDEN DFIELD DO NOT DELETE OR WE WILL LOSE DATA. Supervisor details

Title

Full name (including alternate first name in brackets)

Current appointment

Institution and address

Telephone - Office

Telephone - Mobile.

Email address

Participating Research Institutions.

List the actual institution(s), % research effort and departments where the research will be conducted. (150 character limit including spaces for each institution).

	Institution(s)	% research effort	Department
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please advise if you or any co-applicants are also submitting an application for this same research to the NHMRC irrespective of the grant type.

Note: If your NHMRC or NMSS application is successful, MS Research Australia will be unable to also fund this application.

NHMRC Number

CI name

Percentage overlap with NHMRC and this application

NHMRC application type

Other funding sought and previous applications for this research.

If you are NOT applying to the NHMRC for a scholarship please indicate the reason. The NHMRC and MS Research Australia peer reviewers are

separate bodies and automatic routing does not occur. You will increase your opportunity for funding if you apply to both bodies

Please indicate if you or any other researcher are also submitting this research as a Project Grant or Postgraduate application in this round. Please advise the applicant name and grant type. If you have the MS Research Australia number, please enter here.

PREVIOUS APPLICATIONS FOR THIS RESEARCH TO MS RESEARCH AUSTRALIA.

Have you applied to MS Research Australia for this research direction before?

Yes

No

Previous MS Research Australia application number

Percentage (%) that this application overlaps with your previous application

What is different about this application? Describe the differences.

NOMINATION OF POSSIBLE PEER REVIEWERS Please nominate reviewers ONLY who have recently published as first authors and are considered as mid career stage. Senior researchers may not have the availability to review your application.

Please provide: 7 researchers who you consider, qualified to review this grant proposal and with whom you have NOT collaborated with, co-published with or are a resident at your institution. Within this at least 3+ possible reviewers must be internationals. Please do not include members of the Research Management Council. A full list of members is available at www.msra.org.au/research-management-council.

	Name	Email
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>

Please nominate any reviewer who you do NOT want approached as a possible peer reviewer and the reason for this.

	Name	Email address	Brief reason
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grant office details

Title

- Professor
- Associate Professor
- Dr
- Mr
- Mrs
- Ms

First Name

Last Name

Institution

Telephone - Office

Email Address

GRANT OFFICE APPROVAL TO SUBMIT

This task must be completed by the institutional Grant Office team to indicate that the application has reached the necessary standard for submission and has the institution's support. If you have any questions please don't hesitate to contact MS Research Australia, Grants Coordinator, grants@msra.org.au

Grant Officer details and approval.

Name

Role

Institute

Phone number

Email address

Do you approve?

- Yes
- No

TASK: GRANT OFFICE APPROVAL TO SUBMIT.

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Phone number

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Do you approve?

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Grant Officer details and approval.

Name

Role

Institute

Phone number

Email address

Do you approve?

- Yes
- No

