**Section A. General Information and Instructions to Applicants**

**CLOSING DATES FOR APPLICATIONS WILL BE 31 AUGUST EACH YEAR**

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| 1. **Typed applications should be lodged with:** The Secretary Palmerston North Medical Research Foundation P.O. Box 949 Palmerston North 4440 New Zealand2. **Objects:** **Among the objects of the Foundation are:**1. To promote and facilitate biomedical research in Palmerston North and its environs and more particularly in Massey University, the Crown Research Institutes Mid-Central Health or any other institution from time to time approved by the Foundation;
2. To promote and facilitate biomedical research that might help discover the conditions conducive to health and the nature or origin and causes of bodily and mental disorders and afflictions by the application of scientific method by any branch of science related to the purpose;
3. To seek, through such biomedical research, preventive or therapeutic strategies or methods for the furtherance of health and the prevention or treatment of disease in human beings;
4. To facilitate the spread of biomedical scientific knowledge and research findings by the acquiring and provision of library facilities, books and journals, either directly or through other established libraries;
5. To facilitate the spread of biomedical scientific knowledge and research findings by sponsorship of research groups, courses, demonstrations, lectures, media talks, visits by scientists, travel by scientists, the writing of articles or through any other methods deemed appropriate.

3. **Priorities for funding:**Although the Board may change priorities from time to time, at present, preference is normally given to:1. Medically related projects especially those of special relevance to the local region;
2. Research work which encourages co-operation between the local research institutions;
3. Support of early career researchers;

 Seeding money to help establish new research programmes so they are better positioned to apply for support from national and international sources;1. Support of students through a Summer Scholarship scheme, as part of a larger project because of the multiple benefits (to the project itself, the education of the student, the potential to interest the student in a research career).
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**Palmerston North Medical Research Foundation**

**Visiting Professorship**

The PNMRF invites applications for funding to attract internationally renowned biomedical scientists to the Palmerston North region for one or more seminars. One (or occasionally more) grants of up to $10,000 will be made annually in support of travel and accommodation for the Visiting Professor. Ideally, the Visiting Professor would be a distinguished scientist who might be attending a conference in either Australia or New Zealand and who could be encouraged to extend their visit to Palmerston North, or perhaps to help fund a suitably qualified sabbatical visitor who may remain in the region for a longer period.

The objective is to expose young scientists in this region to high quality research in the hope that this will encourage more of our top graduates to choose biomedical research as a career option.

Applications should be made at the same time as applications for PNMRF research funding. The deadline is 31 August each year. All requests for such funding should be accompanied by a CV for the proposed Visiting Professor, a budget, and a suggested programme for the visit, including titles and likely seminar dates.

# **The Sir Thomas and Lady Duncan Scholarship in Neuromuscular Research**

# **Palmerston North Medical Research Foundation**

**PhD Scholarship**

The Sir Thomas and Lady Duncan Trust (hereinafter referred to as The Trust) is a long established, highly regarded charitable trust with a proud history of benevolence and philanthropy in the field of Neuromuscular Disease. The Trust now wishes to support research in the area of Neuromuscular Disorder. The Scholarship will be administrated, and supported by The Palmerston North Medical Research Foundation (hereinafter referred to as The Foundation).

Neuromuscular Disorders, and the resultant Neuromuscular Diseases caused by them, encompass a wide variety of disorders; hereditary, degenerative and acquired, which adversely affect the normal control, coordination and actuation of muscular function of the voluntary muscles, and the neural systems and processes which control them.

The recipient would be entitled to a three year Scholarship that includes stipend of $25,000 per annum plus $10,000 per annum which may be used to cover tuition fees and/or research expenses.

The recipient best suited to this Fellowship will have an Undergraduate or Postgraduate degrees (or equivalent) in medical sciences, cell biology, physiology, molecular biology, genetics or similar. More importantly, the recipient will need to be enrolled in a degree leading to the Doctor of Philosophy in a subject directly relevant to some aspect of the epidemiology, aetiology, impact or treatment of Neuromuscular Disease. Excellent written and oral communication skills are essential, including fluency in English.

Selection of the applicants will be based on the applicant’s academic record, the quality of the application, the referees’ reports, the subject of the proposed research, the scientific validity of the proposed research and the degree to which it is in accord with the intentions of the Trust and the Foundation.

PLEASE APPLY ONLINE via the Palmerston North Medical Research Foundation website (http://www.pnmrf.org.nz/). Closing date for applications is 4pm 31 August annually.

For further information, contact Suzanne Best:

Phone: +64 6 357 0640

Email: suzanne.best@nla.net.nz

**PALMERSTON NORTH MEDICAL RESEARCH FOUNDATION**

**RESEARCH GRANT AND SCHOLARSHIP APPLICATION FORM**

**Section B. Administrative Detail**

1. **Applicant:** *(Note: applications for scholarships* ***must*** *be submitted by the applicant student* ***not*** *the project leader)*

 **Name:** Click here to enter text.

 **Position:** Click here to enter text. **Dr** [ ]  **Mr** [ ]  **Ms** [ ]  **Mrs** [ ]  **Miss** [ ] (please tick)

 **Department:** Click here to enter text.

 **Institution:** Click here to enter text.

 **Address:** Click here to enter text.

 **Telephone:** Click here to enter text.

 **Email:** Click here to enter text.

2. **Short Title of Research:** Click here to enter text.

3. **Type of Grant Requested** (tick appropriate box)

[ ] General Grant [ ]  AM & GL Wilson Grant [ ]  Summer Scholarship [ ]  Duncan Scholarship

4. **Summary of Grant Requested:**

 Equipment $ Click here to enter text. Salaries/Wages $ Click here to enter text. Expenses $ Click here to enter text. Scholarship $ Click here to enter text.

5. **Total Amount Requested:** $ **Click here to enter text.**

6. **Agreement:** One signed copy is required by the committee.

 - The applicant undertakes to conduct the described research according to the conditions established by the committee.

 - All experiments will be carried out according to the ethical principles required by the Health Research Council of New Zealand, the Animals Protection Act (1960) and its amendments and the Animals Protection Regulations (1987) as appropriate to the project.

 - The applicant undertakes to submit a written report on the project's progress within one year of uplifting any funding and also to submit a written report at the end of the project.

 - The heads of department and institution (school, hospital, etc) approve the application.

 - Permission needs to be obtained from Referees.

 - The host institution agrees and undertakes to support and continue to support the project described in this application by making available basic research facilities and the services necessary for fulfilment.

 - Successful applicants undertake to present a summary of their funded work at the annual Manawatu Medical Research Colloquium.

 **Signatures:**

 **Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

 **Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

 **Head of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

7. **Ethical Approval:** Applicants must submit written evidence of approval by the relevant Research Ethical Committee(s) for their region and discipline. Where this approval is not available at the time of application, a copy of their ethics application must be forwarded to the Palmerston North Medical Research Foundation and the full approval forwarded as soon as practicable.

 **NO FUNDING WILL BE MADE AVAILABLE UNTIL WRITTEN EVIDENCE OF APPROVAL BY THE RELEVANT RESEARCH ETHICAL COMMITTEE HAS BEEN RECEIVED.**

Click here to enter text.**Section C. Scientific Detail**

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| 1.  **Project Title:** Click here to enter text.  |
|  2.  **Project Leader:** **Title:** Click here to enter text.**Given Names:** Click here to enter text. **Surname:** Click here to enter text. **Position:** Click here to enter text. **Department:** Click here to enter text. **Institution:** Click here to enter text.**Address:** Click here to enter text. |
|  **Project Location (if different from Address):** Click here to enter text. |
|  3.  **Other Personnel:** **Name:** Click here to enter text.**Position:** Click here to enter text.**Institution:** Click here to enter text. |
|  4.  **Summary of Research Proposal (not more than 100 words and intelligible to non-experts in the field).**  If applying for A.M. and G.L. Wilson Grant include relevance of the project to the study of either cardiovascular disease or cancer; see Section A**.**Click here to enter text. |
| 5.  **Total Grant/Scholarship Requested:** $ Click here to enter text. (Note: Grants are normally made for 1 year: Applications may be considered for an extension of a grant) |
| 6. **Project Objectives:**Click here to enter text. |

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| 7. **Project Description:** Include background, methodology, timetable and significance with respect to the objects of the Foundation (see Sections C and D). Attach further pages (*up to three pages*) as necessary.Click here to enter text. |
|  |
| 8. **Names and addresses and telephone numbers of three referees** (preferably resident in New Zealand) who may be contacted to give opinions on the proposal. Please include fax and e-mail contacts if possible. Permission must be obtained.Click here to enter text. |

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| 9. **Budget Details:** Estimated cost of project this year (do not include salaries of permanent staff) |
|  | Total Cost | Proposed PNMRF Contribution |
|  Equipment  Consumables  Temporary assistance  Travel  Summer Scholarship Other (give details)  | Click here to enter text. | Click here to enter text. |
|   Give details of how it is proposed to fund this total cost: what amounts have been approved or applied for; from what organisation (e.g. Department, HRC, FRST, Lottery Board, etc.) and for what purpose (equipment, consumables, etc.)Click here to enter text. |
|  |
| 10. **Justification of Budget:** Explain the need for each requested expense, include details of equipment and consumables, and attach a reasonably up to date quotation for equipment.Click here to enter text. |

**Section D. Applicant Details**

**1. For all applications:** Give brief biographical details, qualifications and research experience of project personnel; attach a brief curriculum vitae and list of significant publications for the Project Leader.

Click here to enter text.

**2. For a Summer Scholarship** *also* attach a CV including properly certified academic record for student applicant.

Click here to enter text.

**Sir Thomas and Lady Duncan Scholarship in Neuromuscular Research Supplementary Application**

1. **Full Name**: Click here to enter text.
2. **Date of Birth**: Click here to enter a date.
3. **Gender:** Male [ ]  Female [ ]
4. **IRD Number**: Click here to enter text.
5. **Citizenship/Residency Status**: Click here to enter text.

If international student or permanent resident of New Zealand or Australia please specify your country of citizenship:

1. **Permanent Home Address:** Click here to enter text.
2. **Telephone Number**: Click here to enter text.
3. **Preferred Email Address**: Click here to enter text.
4. **Qualifications**:

|  |  |  |  |
| --- | --- | --- | --- |
| Degree/Diploma | University | From (Year) | To (Year) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Degree Institution**
	1. Have you already applied to a PhD Programme? Yes [ ]  No [ ]
	2. Have you already been accepted to a PhD Programme? Yes [ ]  No [ ]

If yes please specify:

|  |  |
| --- | --- |
| University/Campus | Year of enrollment |
| Click here to enter text. | Click here to enter text. |

c In which department are you/will you be enrolled? Click here to enter text.
d. Who are/will be your primary supervisor (if known)?

Name: Click here to enter text. Email: Click here to enter text.

1. Describe your topic of study and its relevance to neuromuscular diseases:

Click here to enter text.

1. What is your specific research hypothesis: Click here to enter text.
2. Explain your research project’s ties to the greater Palmerston North Region: Click here to enter text.
3. Where will you be primarily based during your studies? Click here to enter text.
4. Have you applied for/been granted other funding support for your PhD?

 No [ ]

 Yes [ ]  please specify all additional sources of funding granted or applied for: Click here to enter text.

**Check List and Declarations:**

Please tick all that apply:

[ ]  Curriculum Vitae attached

[ ]  Certified copies of your transcripts and grading scheme attached

[ ]  Statement by your supervisor (if available) attached

[ ]  Completed PNMRF Grant Application Form attached

**Declarations**

Applicant:

Please read the following declaration before signing below:

I declare that all the information submitted on this form and in the attached document is correct and complete.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Supervisor:

Please read the following declaration before signing below:

I declare that I have agreed to act as supervisor for the above applicant’s research project as outlined above. I have viewed all enclosed application materials and to the best of my knowledge, the information submitted on this form and in the attached documents is correct and complete.

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.