**DEBRA Australia - Lisa Brains PhD Scholarship Application 2025-2027**

Please complete this form (electronically or in black ink). Email one electronic copy in PDF format to [admin@debra.org.au](mailto:admin@debra.org.au) by **5pm EDST, 30 November 2024**. Signatures are not required on the PDF version, but a scan of the signature page with the applicable signatures should also be provided.

***Please read the accompanying ‘DEBRA Australia, Lisa Brains PhD Scholarship Application Guidelines, Terms and Conditions” in full before completing this application.*****SECTION 1: APPLICANT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.1 Project Title |  | | | |
| 1.2 Name & title of applicant |  | | | |
| 1.3 Details of Research Team (Primary supervisor and co-supervisor’s positions and % of time they will be contributing to supporting the project) |  | | | |
| 1.4 Applicant Background | Applicant should attach a 1-2 page CV which includes a summary of their academic record and employment history to date and any awards or publications, plus an application letter giving information about any previous research or community experience related to EB, their reasons for applying for the scholarship and career aspirations. | | | |
| 1.5 Planned start and finish dates |  | | | |
| 1.6 University Contact details for project correspondence  - Name  - Address  - Telephone number  - Fax number  - Email |  | | | |
| 1.7 Provide details of funding support from Primary Supervisor for the direct research costs. |  | | | |
| 1.8 Details of support for related projects over the past 5 years obtained from all other granting bodies (including DEBRA Australia or International) by the Applicant OR any members of the Research Team listed in 1.3. Including any pending applications. | Funding Body | Project Title | Period (dates) | Amount ($AUD) |
| 1.9 List any publications by the Applicant or Research team members listed in 1.3 from research previously funded by DEBRA OR research directly relevant to this application. |  | | | |
| 1.10 Is there any person you request NOT to be contacted as a referee for this application? | Yes No (tick as applicable)  If yes, please specify details in a separate letter attached to your printed application. | | | |
| 1.11 Supervisor comments | Supervisor should provide a separate page commenting on the applicant’s abilities, suitability for the proposed project and any relevant previous experience. | | | |

**SECTION 2: PhD PROJECT PLAN**

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| **2.1 Project Description (maximum 3 pages)**  State whether the project is laboratory based, a clinical study, or both.  Provide relevant background to the project, the activities you will undertake and what you hope to achieve.  Describe the specific aims of the project and any hypotheses which will be tested. How is the project new or innovative? Explain the research design and methodology.  Explain how the work covered by this application fits with and differs (if at all) from related projects of the research team members that have been funded by other bodies.  Please attach anticipated project timeline with clear milestones. |
| **2.2. Impact (maximum 300 words)** Describe the expected impact of receiving the requested PhD Scholarship for the applicant and on the overall project and potential impact and significance of successful outcomes for children and adults with Epidermolysis Bullosa. |

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| **2.3 Non-technical Description**  Provide a short description of the project (100 words maximum) in simple, non-technical language that is understandable by the general public, explaining the potential significance of the PhD project and relevance to the health and wellbeing of children and adults with EB.  *(This information will be used in the Annual Report and on the DEBRA website and may be used in future press releases)* |

**2.4 Signature of Applicant**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

**2.5 Signatures of Research Team members listed in 1.3**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
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**2.6 Certification by Head of Department/Institute**

“I certify that this project is appropriate to the general facilities in my department, that DEBRA will fund 50% of the annual scholarship stipend (to a maximum of $20,000 per year), that budget for direct research costs associated with this project is available and that the University agrees to fund remaining balance of the PhD stipend”

|  |  |
| --- | --- |
| Name |  |
| Position Title |  |
| Department |  |
| Signature |  |
| Date |  |