**SANSOM INSTITUTE VACATION GRANT**

**Application Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Full Name** | | | | |  |  |
|  | **Title (ie Mr/Ms/Miss/Mrs)** | | | |  | | |
|  | | | | | | | |
|  | **First Name** | | | |  | | |
|  | | | | | | | |
|  | **Surname** | | | |  | | |
|  | | | | | | | |
|  | **Student ID** | | | |  | | |
|  |  | | | | | | |
| **2.** | Contact Details (For correspondence) | | | | |  |  |
|  | Address |  | | | | | |
|  |  |  | | | | | |
|  |  | | | | |  |  |
|  | **Email** |  | | | | | |
|  |  | | | | |  |  |
|  | Telephone | | (H/W): | | | (Mobile): | |
|  |  | | | | |  |  |
| **3.** | **Date of Birth** | | |  | | | |
|  |  | | | | |  |  |
| **4.** | **Current Course**  (must have completed 2 years of course, at time Grant commences, to be eligible) | | | | | | |
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| **5.** | **Department and institution where research will be undertaken** | | | | | | |
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|  | **Non-UniSA based locations require an FS23 insurance declaration to be completed by the hosting organisation, this form is available from** [**https://www-p.unisa.edu.au/fin/forms/Fs23.pdf**](https://www-p.unisa.edu.au/fin/forms/Fs23.pdf)  **Please attach this to your application.** | | | | | | |
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| **6.** | Title of Research Project | | | | |  |  |
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| **7.** | **Details oF Research Project** | | | | | | | | | | | | | | | | | | | | | |
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| **8.** | **Proposed Period of Grant**  Only include days of work up to a max of 12 weeks. Do not include any breaks i.e. Christmas/New Year  There must be a 2 week period between the application submission and project commencement dates, to allow for application approval and notification. Failure to meet these lead times will result in delays in project commencement and student payments. | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | **Total Number of weeks:** | | | | | | | | | | | | | | | | | | | | | |
|  | **From:** | | |  | | | | | | | | **To:** | | |  | | | | | | | |
|  | **From:** | | |  | | | | | | | | **To:** | | |  | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | |  | | |
| **9a.** | **Supervisor contact details**(For correspondence) | | | | | | | | | | | | | | | | | | | | | |
|  | Title (ie Dr, Prof) and Full Name | | | | | | | | |  | | | | | | | | | | | | |
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|  | **Position Held** | | | | |  | | | | | | | | | | | | | | | | |
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|  | **Department** | | | | |  | | | | | | | | | | | | | | | | |
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|  | **Institution** | | | | |  | | | | | | | | | | | | | | | | |
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|  | **Telephone** | | | | |  | | | | | | | **Email** |  | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | Signature | | | |  | | | | | | | | | **Date** | | |  | | | | | |
| **9b.** | **Supervisor Support** | | | | | | | | | | | | | | | | | | | | | |
|  | Please provide an outline of the arrangements and an undertaking that suitable supervision throughout the period of the Grant will be provided. | | | | | | | | | | | | | | | | | | | | | |
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| **10.** | **FINANCIAL COMMITMENT** | | | | | | | | | | | | | | | | | | | | | |
|  | It is expected that the supervisor has secured funding for this Grant and that the below sign-off is acceptance by the supervisor to meet the financial obligations of the Grant. | | | | | | | | | | | | | | | | | | | | | |
|  | Title (ie Dr, Prof) and Name | | | | | | | |  | | | | | | | | | | | | | |
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|  | **Position and Department** | | | | | | | |  | | | | | | | | | | | | | |
|  | Signature | | | |  | | | | | | | | | | | Date | | | | |  | |
|  |  | | | | | | | |  | | | | | | | | | | | | | |
|  | **Grant Amount (standard rate of $200 per week)** | | | | | | | | **$** | | | | | | | | | | | | | |
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|  | **Cost Centre (UniSA staff only)** | | | | | | | | **AD / PG / PD**       **(nominate appropriate)**  **Cost centre number:** | | | | | | | | | | | | | |
|  | **Invoice Details (non-UniSA staff only)** | | | | | | | | **Organisation:**  **ABN:**  **Invoice Contact Email:**  **Mailing Address:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **11.** | Please attach A copy of your academic transcript | | | | | | | | | | | | | | | | | | | | | |
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| **12.** | Student Signature | | | | | | | | | | | | | | | | |  | Date | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **13.** | **Have you PREVIOUSLY held a Student Vacation Grant?**(tick box) | | | | | | | | | | | | | | | | | | | | | |
|  | **Yes** |  | **No** | |  | | **Year** |  | | | **Type:** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **14.** | **APPLICATION PERIOD** | | | | | | | **Year Round** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **15.** | **Forward applications to:-** | | | | | | | | | | | | | | | | | | | | | |
|  | Sansom Institute for Health Research  GPO Box 2471  OR  P5-06 Playford Building, Frome Road  University of South Australia  ADELAIDE SA 5001 | | | | | | | | | | | | | | | | | | | | | |
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| **16.** | **CHECKLIST** | | | | | | | | | | | | | | | | | | | | | |
|  | **Application should include: -** (tick box)  Application form  Transcript of academic record copy  Insurance declaration form for non-UniSA based placements (if applicable) | | | | | | | | | | | | | | | | | | | | | |
| **For further information please contact:**  Kellie La Fontaine  Sansom Institute Manager  Phone: 08 8302 1225 or Email: [kellie.lafontaine@unisa.edu.au](mailto:kellie.lafontaine@unisa.edu.au) | | | | | | | | | | | | | | | | | | | | | | |

**OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Approved / Not approved** | **Director signature (or Nominee):** | **Date:** |
| **Comments:** |  | |