

Application for  
**Travelling Award for Research Training**  
in 2008/9

Closing Dates  
22 February 2008 (Round 1)  
4 July 2008 (Round 2)

Please refer to the *Travelling Award for Research Training  
Funding Policy for Funding Commencing in 2008/9*

**Please submit one (1) original application to the address below and email one (1) electronic copy to  
[training.awards@nhmrc.gov.au](mailto:training.awards@nhmrc.gov.au)**

**Postal Address**  
Training Awards  
Researcher Support Section  
NHMRC  
GPO Box 1421  
CANBERRA ACT 2601

**Courier Address**  
Training Awards  
Researcher Support Section  
NHMRC  
Level 5  
20 Allara Street  
CANBERRA ACT 2601

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Travelling Award APPLICATION ID

Application for  
**Travelling Award for Research Training**  
 in 20098/9

Closing Dates 22February 2007 (Round 1) 04July 2007 (Round 2)

**1 Full Name of Applicant**

Title

Gender (M/F)

Surname

Given Names

**2 Full Details of Current Department and Institute**

	<i>Postcode</i>	

Telephone

Email

**3 Current Application I.D. Number**

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**4 Current Award Details**

Name of Award (*eg Career Development Award/Postdoctoral Fellowship/ Postgraduate Scholarship*).

Commencement Date of Current Award

Name & Address of Administering Institution

	<i>Postcode</i>	

**5 Estimated Start Date of Proposed Travel**  *(Format DD/MM/YYYY)*

**Estimated Completion Date of Proposed Travel**  *(Format DD/MM/YYYY)*

**6 Title of Proposed Program**

**7 Summary of Proposed Program** Please comment on the benefit the proposed study will have on existing award and why the proposed location and duration are appropriate to achieve the award aims.

**8 Publications** (*in Print, in Press and Abstracts*), Conferences attended and Presentations given since commencement of current Award.

**9 Location of Proposed Training**

**10 The Estimated Cost and mode of Travel** *Note: Tourist/economy class direct airfares are to be quoted. Applicants must justify incidental and other costs claimed.*

**11 Budget Items**

*Estimates to be based on the guide provided to calculate the costs below*

Airfares to Proposed centre	
Incidental Allowance	
Rent/Subsistence Allowance	
Compulsory fees	
Other	
<b>TOTAL</b>	

**12 Certification by Hosting Supervisor/Head of Department**

I certify that should.....be awarded a Travelling Award for Research Training, I will be willing to supervise him/her during the tenure of the award and will provide the necessary facilities.

Title

Name

Appointment

Department

Institution

*Signature of Host*

*Date*

**13 Signatures***Signature of Applicant**Date****Signature of Supervisor of Applicant's Current Award in Support of this Proposal***

Title

Given Names

Surname

*Signature**Date***Signature of Head of Administering Institution**

I certify that should ..... be awarded a Travelling Award for Research Training this institution/university will administer the funds on behalf of the grantee, relative to all travel and expenses incurred during the tenure of the travelling research training.

**Name of Institution/University****Signature and Designation of Authorised Person**

Title

Given Names

Surname

***Signature of Authorised Person****Date*