

Alcohol and Health Research Grants Scheme First Round Application Form

Chief Investigator(s):		
Contact:		
Title:	First Name:	Surname:
Present Department and Address:		
Current Position:		
Academic Qualifications:		
Postal address:		
Telephone Number:	Facsimile Number:	
E-mail address:	Mobile number:	
Associate Investigators: (please attach additional paperwork if necessary)		
Title:	First Name:	Surname:
Present Department and Address:		
Current Position:		
Academic Qualifications:		
Postal address:		
Telephone Number:	Facsimile Number:	
E-mail address:	Mobile number:	
Project Details:		
Title of Project:		
Estimated Budget:		
Duration:		
Brief Synopsis of Project (no more than 800 words): (please attach additional paperwork)		

Signed:..... Dated:.....
*please attach as a coversheet to your submission

By signing this Application Form, you: (a) warrant that you have obtained all relevant consents from any persons identified in this Application Form; and (b) indicate that you accept the Alcohol and Health Medical Research Grants Scheme Terms and Conditions.

Closing date for receipt of first round applications is as follows:

Applicants based in Australia - Friday 14 August

Applicants based in New Zealand – Friday 28 August