**AUSiMED Clinical and Research Fellowships**

**Expression of Interest Form**

**Form for Israel applicants seeking Fellowships in Australia**

**For collaborations between**

**AUSTRALIAN AND ISRAELI MEDICAL RESEARCHERS AND CLINICIANS**

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| Fellowship Guidelines and Conditions |
| **Purpose of Fellowships**: To advance the career of the Applicant so that on their return to Israel, they will be engaged in a more senior role that will benefit their Israeli organisation. Documented support from the Israeli organisation is required to confirm the benefits and expectations. **Selection criteria**Selection of candidates is based on the following selection criteria: * 1. Highly promising clinicians or Post-Doctoral researchers from an academic healthcare or medical research organisation in Israel, where that organisation and the sponsoring institution in Australia have provided strong written support for the proposed Fellowship.
	2. Outstanding resume and proven track record of achievement in healthcare delivery, medical research or health education.
	3. Confirmation that training and/or research in Australia will be for a period of one year. A second year may be added if funded from another source.
	4. The scope of the Fellowship is to acquire skills or training and/or to carry out research that is available in Australia and not in Israel e.g. with leading researchers or clinicians in Australia with highly specialised skills and knowledge.
	5. The skills and knowledge to be acquired by the Israeli Fellows will be filling a need that will greatly assist healthcare and/or medical research in Israel.

**Expression of Interest Form**1. This Expression of Interest should provide a brief summary of the collaborative opportunity.
2. The application should be typed in 10pt Arial or Calibri font, and be no more than 7 pages from Section 2 onwards (excluding Resumes or Biographies).
3. Information provided in italics in each section of the application, is given as a guide only.

**The Review Process**The review process is as follows1. The AUSiMED Medical Science Review Board (MSRB) will be responsible for reviewing and recommending applications for funding. Peer review will be considered if directed by the MSRB.  The MSRB consists of clinical, medical and scientific research specialists.  *Note regarding Conflict of Interest*: any member of the MSRB that has a conflict of interest with a particular application will participate in the discussion of that application.
2. As part of the review process, applicants might be asked to provide additional information in writing, or to meet with members of the MSRB in person or by teleconference.
3. Final selection will be made by the AUSiMED Board\*

**Fellowship Conditions**The support of AUSiMED is to be acknowledged in all papers, abstracts and presentations that result from this project. If successful, the Applicants give permission for AUSiMED to publish the title of the Project, the names of the Applicants, a non-confidential summary describing the work to be completed, and at the completion of the Project, to publicise non-confidential outcomes.**Reporting:** Progress Reports will be required each six (6) months during the Fellowship. A Final Report will be required within 1 month following the completion of the Fellowship. Applicants may also be requested to lead educational seminars discussing outcomes of the completed clinical training and/or research project. |
| Lodging Applications: Please apply by submitting a signed pdf copy by email. E: info@ausimed.org |

\*The Board includes additional medical and commercial experts that are not members of the Scientific Review Committee

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| 1. Type of Fellowship and Contact Information |
| **Area of Clinical and/or Research Interest for the Fellowship**  |  |
| **Description of any tertiary study or degree associated with Fellowship and name of institution providing the opportunity for study or a degree**  |  |
| **Name of Applicant** | **Surname:** **Given Name:** Position: Phone/email: Address: |
| **Key Senior Contacts or Sponsors – Australia***Add more names as needed* | **Surname:** **Given Name:** Position: Phone/email: Address:  |
| **Key Senior Contacts – Israel***Add more names as needed* | **Surname:** **Given Name:** Position: Phone/email: Address:  |
| **Date of Application** |  |

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| 2. Fellowship Activities and Outcomes |
| **2.1 Description of Fellowship Activities** *Clinical Activity and percentage of this activity –**Research Activity and percentage of this activity –*  |
| **2.2 Anticipated Outcomes***What particular skills will the candidate acquire? Who will provide the training? How will the candidate use the skills when he/she goes back to the home institution?**What direct benefits will the Fellowship yield? Who will benefit (eg. patients, medical professionals, others)? Would there be wider benefits in addition to the direct benefits (eg knowledge transfer/diffusion, new skills, ongoing and/or new collaborations)?* |
| **2.3 Research Stages and Milestones***Research milestones that will be used to measure progress.*  |
| * 1. **Importance of Fellowship.**

*Are there any special reasons why this Fellowship is required?* *What particular skills will the candidate acquire? Who will provide the training? How will the candidate use the acquired skills when they goes back to the home institution?* |

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| **3.1 Resources required for the Research Project***How will the research costs associated with conducting the research project be funded (such as infrastructure, reagents, animals, external services)?* *Please also indicate if any funding is being received for this project, from Government grants (Australia & Israel) and other sources.* |

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| 4. Ethics Approvals |
| Does this project involve experiments on human subjects? [ ]  YES [ ]  NOIs Ethics approval required from all institutions involved in the collaboration? [ ]  YES [ ]  NO Comment:If YES, is Human Research Ethics Committee approval attached to this application from the relevant institution/s? [ ] YES [ ]  NOIf NO, please comment. If successful, funding for a project will not be released until Ethics Approval has been received and a copy of the approval letter has been received by the AUSiMED Committee. |

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| **5. Resume** |
| Please provide the Resume as a separate document. |

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| 6. Certification by Applicants |
| We certify that all the information given in this application is correct, and that the Project complies with all applicable local laws. We will accept the decision of the AUSiMED Scientific Review Committee and the AUSiMED Board as final. |
| Signature of Applicant – Israel | Date |
| Signature of Sponsor – Australia | Date |