****

**GORDON ADA AWARD APPLICATION**

**Instructions**

* Enter the information listed below. For YES/NO questions, delete as required
* Please do not scan these forms. It is NOT necessary to obtain manual signatures from supervisors and institution officials. Simply enter their names and e-mail addresses.
* Rename the form to ‘LASTNAME YYYY\_Ada’ and submit in pdf format as per website instructions.

**Please use this form to apply for up to $3,000. Examples include**:-

* Work-life balance support (e.g. childcare cover, buy out of annual leave)
* Publication costs
* Attendance of online workshops, conferences, training
* Software for data analysis
* Conventional international travel award
* Or similar (up to $3,000)

**Personal Details**

Name:

Email:

**ASI membership**

|  |  |  |
| --- | --- | --- |
| Have you been a full ASI member for the previous 2 years? | YES | NO |
| Are you a full ASI member as of April 1st this year? | YES | NO |

*If you answered no to either of these questions you are ineligible.*

**Current position**

Current Organisation / Department:

Current position:

Start date (dd/mm/yyyy):

**Eligibility**

Is it 6-14 years since completion of your PhD? *(taking into consideration any career disruptions/relative to opportunity)*

|  |  |
| --- | --- |
| YES | NO |

*If you answered no to this question you are ineligible.*

Have you previously been awarded an ASI Gordon Ada Senior Travel Award?

|  |  |
| --- | --- |
| YES | NO |

*If you answered yes to this question you are ineligible.*

**Career benefit**

*Please outline how you plan to use the funds and how this award will make a substantial contribution to your studies and future career (max 500 words)*

*Note: If you are applying for a conventional Gordon Ada international travel award, please use this section to outline any conference details and lab visits* *(including whether the lab visits have been arranged)*

*Please include an approximate budget*

**Other funding sources**

Please outline any other funding/awards you have applied for or received to fund your request.

*You must notify the ASI secretariat if you obtain additional funding before the ASI awards are announced. Failure to do so may result in disqualification.*

Source of funds:

Amount applied for:

Amount granted:

**BIOGRAPHICAL SKETCH**

Note: The Biographical Sketch may not exceed two pages.

**Education and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| INSTITUTION AND LOCATION | DEGREE(if applicable) | YEAR(s) | FIELD OF STUDY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Positions and Honours**

Positions and Employment

*List in chronological order previous positions, concluding with your present position (including any career disruptions/relative to opportunity considerations)*

Other Experience and Professional Memberships

Honours/Awards

**Selected peer-reviewed publications (in chronological order).**

*Do not include publications submitted or in preparation.*

*(Publications selected from (fill in number) peer-reviewed publications)*

**Research Support**

*List selected ongoing or completed (during the last three years) research projects. Indicate your role (e.g. CI, PI, AI, Consultant) in the research project.*

Ongoing Research Support

Completed Research Support

*Please do not sign this form. Enter only your name and e-mail address.*