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**CAREER ADVANCEMENT AWARD**

**POSTGRAD 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\_Postgrad’ and submit in pdf format as per website instructions.

**Personal Details**Name:

e-mail:

**ASI membership**

|  |  |  |
| --- | --- | --- |
| Were you a full ASI member last year? | YES | NO |
| Are you a full ASI member as of April 1st this year? | YES | NO |

**Current position**

Current Organisation / Department:

Current position (e.g. Research Technician, Honours or PhD student):

Supervisor Name:

Start date (dd/mm/yyyy):

**Please list all previous research experience.**

**Previous Position (s):**

Organisation / Department:

In position since:

Supervisors Name:

*Copy and complete the above section as many times as required.*

**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)*

*Please include a clear budget, if successful this is the amount you will be awarded.*

**Abstract**

*Please provide an abstract on your work (max 250 words).*

**CV Biosketch (1-2 pages)**

Please include a CV that includes the following details (in chronological order)

*Educational qualifications and employment history (including any career disruptions/relative to opportunity considerations)*

*Community engagement (including contribution to the immunological community)*

*Membership of societies/committees*

*Previous honours/awards*

*Peer-reviewed original publications (do not include articles which are under review or in preparation)*

*Other publications (reviews, “news and views”, commentaries etc)*

*Conference abstract and oral presentations*

**Supervisor’s Statement**

Please confirm that there are no other funding sources available or received to fund this request. *You must notify the ASI secretariat if you obtain funding which would cover this request before the ASI awards are announced. Failure to do so may result in disqualification.*

Supervisor’s Name:

Institution:

Email:

Date:

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

**Institutional Endorsement**

I have read and support the application by (Name of Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for an ASI Award.

Name:

Position (Director, Department Head or other Responsible Office):

Email:

Date:

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