

ALLG HSANZ Clinical Trials Fellowship 2025

Application Form

1. Application Summary

Applicant Name:		
Institution/Hospital:		
Applicant Position:		
Residential Address:		
Telephone:		
Email:		
Title of Proposed Project:		
Details of where you plan to undertake your Fellowship project:		
Details of proposed ALLG Supervisor:	Name:	
	Position:	
	Institution:	
	Email:	
	Phone:	

2. Membership Details

ALLG Member Full Associate Registrar/Trainee
 HSANZ Ordinary or Trainee Member Yes No

3. Statement of how proposed Fellowship project is aligned with ALLG's Scientific Research Strategy and the Mission of HSANZ (1 page maximum)

4. Research Proposal (5 pages maximum)

- *Proposal Template Provided*

5. Statement outlining how the Fellow will use funds, including details of stipend use & consumables budget (1 page maximum) + details of additional funding leveraged/already secured for project

6. Applicant's CV (3 pages maximum)

7. Written Reference from a referee, who must be a recent manager or training supervisor (1 page maximum)

8. Letter from ALLG Fellowship Supervisor, outlining supervision arrangements and institutional arrangements