

Avant Member Grants

Form Preview

Personal information

* indicates a required field

Personal information

Applicant *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Avant member ID *

To apply for an Avant member grant you must have a member ID or an Avant practice indemnity policy number

Applicant primary email *

Must be an email address.

Applicant primary phone number *

Must be an Australian phone number.

Applicant State/Territory *

Gender *

Supporting our gender diverse community. We are currently reviewing our gender and sex at birth options to ensure our products and services provide appropriate terminology and selections in line with the diversity of our community.

Avant member category

For more information, please visit [Avant member grants](#).

What type of Avant member are you? *

- ☐ Student - must be enrolled in a medical degree at university
- ☐ Pre-vocational - must not hold an accredited training position with one of the specialty colleges and not previously completed specialty training
- ☐ Accredited trainee - must hold an accredited training position with an Australian specialty college
- ☐ New fellow - one to five years after becoming a fellow
- ☐ Practitioner - all other practitioners not in the categories above
- ☐ Practice applying for a full-time or part-time research grant - both the practice and lead researcher must hold a medical indemnity policy with Avant

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- ☐ Practice applying for a microgrant - must hold a practice medical indemnity policy with Avant

Award types

This section is for the categories of students, pre-vocational, accredited trainees, new fellows and all other practitioners.

You are eligible to apply for one of the following grants *

- ☐ \$50,000: full-time grants fund research over a 12-month period.
- ☐ \$25,000: part-time grants fund research over a 12-month period.
- ☐ \$5,000: microgrants have a broad purpose and may be for research, education, equipment, career development or an initial research phase.

You can only choose one category per application. If you wish to make applications in multiple categories you will need to start a new submission.

What is your proposed commencement date? *

Must be a date.

Must be within 12 months.

What is your proposed end date? *

Must be a date.

Must be within 12 months of start date. Under exceptional circumstances, and on receipt of an application for extension form, Avant may extend the grant period to a maximum of two years.

Name of institution

Please provide the name of the research institute associated with your project

City, State

Where is the institute located?

For practices applying for full-time or part-time grants

Practice name *

Organisation Name

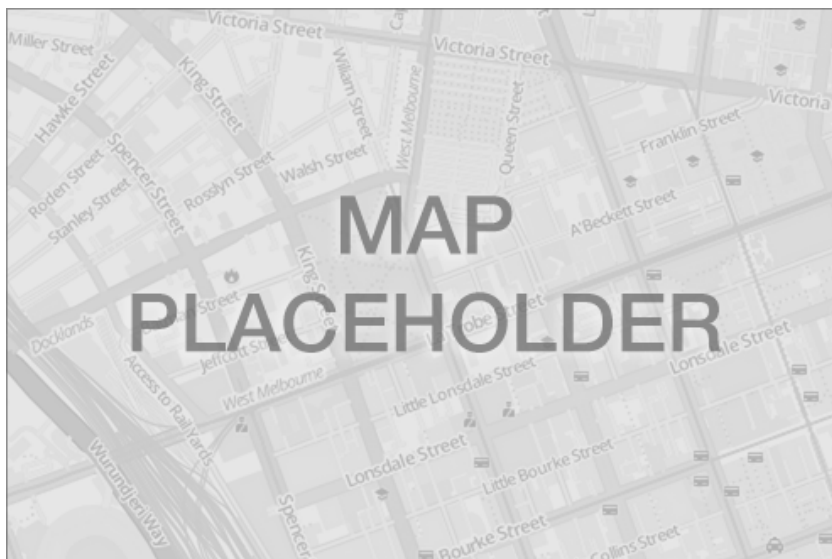
Both the practice and the lead researcher must have a practice indemnity policy

Practice address *

Address

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Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Applicant admin contact *

Title First Name Last Name

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Lead researcher name (must be an Avant member) *

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Both the practice and the lead researcher must have an Avant policy

Lead researcher Avant member ID *

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Which award category do you wish to apply for? *

- ☐ \$50,000: full-time grants fund research over a 12-month period.
- ☐ \$25,000: part-time grants fund research over a 12-month period.

For practices applying for part-time and full-time research grants, both the practice and the lead researcher must hold a medical indemnity policy with Avant

What is your proposed commencement date? *

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Must be a date.

What is your proposed award commencement date? *

What is your proposed end date?

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Must be a date.

Must be a date. Must be within 12 months of start date. Under exceptional circumstances, and on receipt of an application for extension form, Avant may extend the grant period to a maximum of two years.

Practices, please note the following sections about education, conferences, awards etc are to be completed by your lead researcher.

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Practices applying for microgrants

Please select your grant type: *

☐ \$5,000: microgrants have a broad purpose and may be for research, education, equipment, career development or an initial research phase.

Practice Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Practice name *

Avant practice indemnity policy number *

What is the proposed commencement date of your microgrant? *

Must be a date.

What is the proposed end date?

Must be a date.

Education

University qualifications

Year complete *

If you are still studying, please provide your anticipated completion year.

Institution *

Qualification/program *

Have you received a PhD? *

☐ Yes ☐ No ☐ In progress

Which specialty are you training/trained in? *

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Through which college? *

Employment history

Please provide your current or most recent position.

We understand that applicants are at different career stages and our assessments are considered in relation to career stage. For example, a student is not expected to have developed a body of work or presented at conferences and will not be disadvantaged by that omission.

Please attach your CV:

Attach a file:

Current job title

If any

Current employer

If any

Start date

Must be a date.

End date

Must be a date.

Leave blank if still employed

Academic awards

List any academic awards you have received (between 1-15 awards only) Please write N/A on the first line if none.

Conference presentations

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List any conference presentations you have given (between 1-15 presentations only) Please write N/A on the first line if none.

Published works (between 1-15 publications only)

Please write N/A on the first line if none.

Publication type (e.g journal, text, book)	Publication title	Publication issue and volume	Paper, article, or chapter title	Publication date	Were you the primary author?	Impact factor for journal
				Must be a date.		

Contribution to research

Provide a short summary of your contribution to research in your career to date. Include:

- A description of your contribution
- Why it is significant?
- How other people have recognised its significance?
- The impact of your research

If you haven't yet made a contribution to research, what do you hope your future research career will achieve?

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Project details

*** indicates a required field**

Project overview

What is the title of your project? *

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All applications, including microgrants, must have a title.

Please provide a short description of your project in layperson's terms: *

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Word count:

All applications, including microgrants, must have a description. Must be no longer than 500 words.

Will your project advance medicine by improving quality, safety or professionalism in medicine? *

☐ Quality

☐ Safety

☐ Professionalism

Select the answer that most closely matches your outcomes.

How will it achieve this? *

200 words recommended. All applications must describe how their project will contribute to advancing medicine by improving quality, safety or professionalism in medicine.

Where will the majority of the research or project be undertaken? *

☐ Australia

Please note that the eligibility criteria as outlined in the terms and conditions require that if applying for a research grant, the majority of the research be undertaken in Australia. If you are applying for a microgrant for a conference outside of Australia, or for equipment in a practice, please specify the details in 'other'.

Project: full details

Rationale: why does this work need to be done? *

Word count:

200 words recommended. Please provide a clear rationale with the nature and significance of the problem clearly explained.

Literature: what literature has informed the project? *

Word count:

200 words recommended. Please demonstrate that the project is well informed by literature.

Innovation: is the project is new and innovative? *

200 words recommended. Explain whether the project is new and innovative.

Significance: explain why the project has significant potential to advance medicine. *

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200 words recommended. Outline how this project has the potential to advance medicine.

Importance: explain the importance of addressing the problem you are researching. *

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200 words recommended. Please clearly outline how the problem that the project is seeking to address is important.

Impact: what are the proposed impact and outcomes of this project? *

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(200 words recommended). Please note, the outcomes do not need to be achieved during the grant period, however the proposed outcomes and impact of the work must be clear.

Microgrants

Rationale: what are you applying for? *

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Word count:

200 words recommended. Please provide a clear explanation of your project/application.

Importance: explain the importance of your microgrant *

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Word count:

200 words recommended. Why is this microgrant important to you or for the advancement of medicine.

Outcomes: please clearly articulate the proposed outcomes of your microgrant *

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Word count:

200 word recommended. Please note, the outcomes do not need to be achieved during the grant period, however the proposed outcomes and impact of the microgrant must be clear.

Project milestones

Please tell us about the administrative stages you expect to pass through as part of your project. This is to be a high-level summary only.

Milestones (for feasibility purposes)

One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones.

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Project team

Team and supervision

Please provide the details of the project team, indicating roles such as research supervisor (if supervision is required). **Disregard this section if you do not have a project team.**

Project team members			Email	Role	Supervisor?
Title	First Name	Last Name			<input type="radio"/> Yes <input type="radio"/> No
Title	First Name	Last Name			<input type="radio"/> Yes <input type="radio"/> No
Title	First Name	Last Name			<input type="radio"/> Yes <input type="radio"/> No
			Must be an email address.		

Team collaboration

Describe how the team will collaborate to ensure the success of the project. Outline the ways of working, including the type, frequency and purpose of any meetings or other methods used to ensure that the project is progressing to plan.

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Project funding

* indicates a required field

Budget

Please provide a brief budget for your microgrant at a maximum of \$5000.

Expenditure	\$
	\$
	\$
	\$

Project funding

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Amount requested from Avant? *

Total project cost? *

\$

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

Have you previously received any research funding for this project? *

☐ Yes

☐ No

If yes, please include details of any other funding you have received for this project

If applicable

Do you intend to apply for other sources of funding? *

☐ Yes

☐ No

If yes, please advise what other funding you plan to apply for

If applicable and within the next 12 months

If your total project cost is greater than your requested funding from Avant and your confirmed funding from other sources, how will you ensure the project proceeds?

Word count:

200 words recommended.

Please enter the estimated funding that would be used for each of the activities.

For example, activities might include equipment purchase, salary supplementation, research assistant, data entry, conference travel or literature review etc.

Expenditure	\$	Notes
	Must be a number.	

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Feedback

* indicates a required field

Where did you hear about Avant Member Grants?

You can choose more than one option *

- ☐ Email from Avant
- ☐ Phone call from Avant
- ☐ A colleague
- ☐ Avant website
- ☐ Avant Business Development Manager (BDM)
- ☐ Promotion at my place of work or research institute
- ☐ Promotion by my college or society
- ☐ Facebook post
- ☐ Instagram post
- ☐ LinkedIn post
- ☐ Other:

We welcome your feedback on how we could improve this application process for future applicants.

Feedback

Declaration

* indicates a required field

Declaration by Applicant

I certify that the information supplied in this application is true and correct. I understand that Avant may wish to verify this information and I consent to such enquires being undertaken as part of the assessment process. I have read and understood the terms and conditions of the Avant Member Grants (available at [Avant member grants](#)). I hereby accept and agree to abide by them, and understand these terms and conditions, in conjunction with this application, form my funding agreement with Avant.

I certify that if supervision is required, my supervisor has reviewed this application, it is correct and my supervisor supports my application for funding from Avant.

Name of applicant *

