



200.....  
HESSION AWARD No.....



**AUSTRALIAN DENTAL RESEARCH FOUNDATION**  
[Incorporated in the ACT]

**APPLICATION FOR THE R.W. HESSION AWARD**  
Submit electronically to [adrf@ada.org.au](mailto:adrf@ada.org.au)\*

**1A PROJECT TITLE**

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**1B NEW PROJECT**  OR **CONTINUATION OF PROJECT**  ADRF-FUNDED

NON-ADRF-FUNDED

**1C KEYWORDS** (List up to five keywords)

.....

**Applicants for the Award must be Australian citizens**

**2 APPLICANT DETAILS**

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SURNAME	GIVEN NAMES	TITLE	QUALIFICATIONS
.....	.....	.....	.....
APPOINTMENT/PRACTICE TYPE	INSTITUTION (If applicable)	DEPARTMENT (If applicable)	
.....	.....	.....	
CONTACT ADDRESS (STREET)	CITY	STATE AND POSTCODE	
.....	.....	.....	
PHONE (WORK)	FAX (WORK)	PHONE (HOME)	EMAIL
.....	.....	.....	.....

PLEASE INDICATE IF THIS APPLICANT IS IN ONE OF THE FOLLOWING CATEGORIES:  
PRIVATE PRACTITIONER , POSTGRADUATE STUDENT , UNDERGRADUATE STUDENT

**3. INTENDED PURPOSE OF AWARD**

- Facilitating overseas or interstate travel to a dental research institute or laboratory of distinction for an arranged work period of not less than six weeks \*
- Assisting with the acquisition of a doctoral research qualification
- Funding in entirety of a post-doctoral research project
- Supporting any combination of the above
- Furthering any other proposal that may be adjudged to conform with the intent of the Award.

\* This is a favoured option.

**4. BRIEF DESCRIPTION OF THE PROJECT AND HOW THE AWARD WILL BE USED  
(A Detailed Description of the Project should be provided at 15.)**

**5. WHERE IS THE WORK TO BE UNDERTAKEN?**

**6. DURATION OF PROJECT**

COMMENCEMENT DATE .....

ANTICIPATED COMPLETION DATE .....

**7. WHAT ARE THE AIMS OF THE PROJECT?**

**8. WHY DO YOU CONSIDER THEM IMPORTANT AND WHAT IS THEIR DENTAL RELEVANCE?**

**9. ASSOCIATED RESEARCHERS (If applicable)**

**9A ASSOCIATE 1**

..... SURNAME	..... GIVEN NAMES	..... TITLE	..... QUALIFICATIONS
..... APPOINTMENT/PRACTICE TYPE	..... INSTITUTION (If applicable)	..... DEPARTMENT (If applicable)	
..... CONTACT ADDRESS (STREET)	..... CITY	..... STATE AND POSTCODE	
..... PHONE (WORK)	..... FAX (WORK)	..... PHONE (HOME)	..... EMAIL

**9B ASSOCIATE 2**

..... SURNAME	..... GIVEN NAMES	..... TITLE	..... QUALIFICATIONS
..... APPOINTMENT/PRACTICE TYPE	..... INSTITUTION (If applicable)	..... DEPARTMENT (If applicable)	
..... CONTACT ADDRESS (STREET)	..... CITY	..... STATE AND POSTCODE	
..... PHONE (WORK)	..... FAX (WORK)	..... PHONE (HOME)	..... EMAIL

**9C ASSOCIATE 3**

..... SURNAME	..... GIVEN NAMES	..... TITLE	..... QUALIFICATIONS
..... APPOINTMENT/PRACTICE TYPE	..... INSTITUTION (If applicable)	..... DEPARTMENT (If applicable)	
..... CONTACT ADDRESS (STREET)	..... CITY	..... STATE AND POSTCODE	
..... PHONE (WORK)	..... FAX (WORK)	..... PHONE (HOME)	..... EMAIL

**10 BRIEF CURRICULUM VITAE OF APPLICANT**

**11. RESEARCH GRANTS HELD BY APPLICANT IN LAST FIVE YEARS  
(All Projects – including current grants)**

<u>Grantee</u>	<u>Source of Funds</u>	<u>Project Title</u>	<u>Amount</u>	<u>Years</u>
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**12. RESEARCH GRANTS UNDER CONSIDERATION (All Projects)**

<u>Applicant/s</u>	<u>Funding Body</u>	<u>Project Title</u>	<u>Amount Requested</u>	<u>Date Outcome Known</u>
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<p><b>13. INTENDED BUDGETARY ALLOCATION(S) FOR THE AWARD AMOUNT OF \$15,000.00</b></p> <p><b>TRAVEL EXPENSES *</b></p> <p><b>CONTRACT SERVICES</b>  <i>PLEASE NOTE NO SALARIES FOR STAFF WILL BE FUNDED</i></p> <p>Data Processing</p> <p>Engineering</p> <p>Other</p> <p><b>EQUIPMENT AND APPARATUS</b></p> <p>Major (over \$1,000)</p> <p>Minor (under \$1,000)</p> <p><b>CONSUMABLE SUPPLIES</b></p> <p><b>OTHER</b></p>	<p><b>\$</b></p>
<p><b>TOTAL</b></p>	

\*The applicant must be aware that although the Australian Dental Research Foundation may provide the Award for travel overseas, they do not accept any liability, damage, loss or injury the applicant may suffer during, or as a result of any travel involved. The applicant is urged to seek independent advice, on travel cover, medical clearance, the desirability of travel to the country or countries involved, so that the applicant is able to travel safely. The decision to undertake this travel is at the applicant's own risk."

**14. EXPLANATORY NOTES ON BUDGET**

*Show clearly under appropriate headings how the requested amounts were calculated. This must, for example, include an estimate of how many consumable supplies are needed and the cost per item.*

**15. DETAILED DESCRIPTION OF THE PROJECT  
(INCLUDING RESUME OF EXISTING KNOWLEDGE IN THE RELEVANT FIELD  
AND REFERENCES RELEVANT TO THE PROJECT)**

*Provide a description of the materials and methods to be used and, if appropriate, the statistical procedures – your description should not exceed five (5) A4 pages.*

*Where human or animal subjects or biological specimens are used with the project, a Certificate of Ethical Clearance from the appropriate authority is mandatory (see Item 19)*

**16. LIST OF PUBLISHED WORK AND REPORTS BY APPLICANT IN THE LAST FIVE  
(5) YEARS ONLY**

*(Please append the list if the space provided here is insufficient. Abstracts and proceedings should NOT be listed.)*

**17. OTHER RESEARCH PROGRAMMES BEING UNDERTAKEN  
OR SUPERVISED BY THE APPLICANT AND ASSOCIATES**

**18. A CERTIFICATE OF ETHICAL CLEARANCE**

- (1) Is Appended
- (2) Will follow this application
- (3) Is Unnecessary

**19. SIGNATURE OF APPLICANT AND ASSOCIATES:**

- (a) *The applicant and associates by the execution of this Application Form shall acknowledge and accept the absolute discretion of the Directors of the AUSTRALIAN DENTAL RESEARCH FOUNDATION INC to decide in any year which projects will receive the RW HESSION AWARD from the Foundation and the amount of the award and their absolute discretion to use whatever means, methods and criteria they consider appropriate to make such decisions, and*
- (b) *agree that an applicant does not now or in the future have a right to challenge such decisions of the Directors of the Foundation.*

**SIGNATURES** .....  
(Applicant)

.....  
(Associate 1)                      (Associate 2)                      (Associate 3)

**DATE** .....

**20. CERTIFICATE OF HEAD OF DEPARTMENT WHERE APPLICANT IS TO WORK IN AN INSTITUTION OR UNIVERSITY DEPARTMENT.**

I certify that the project is appropriate to the general facilities in my Department/Institution and I am prepared to have the project carried out in that Department/Institution. I have noted the contents of Item 18 regarding Ethics Approval.

**SIGNATURE** .....

**NAME** ..... **DATE** .....

*\*Applicants are requested to complete the MS Word Version of the application form by typing directly into each field. Applicants should save a copy for their records and forward the completed form to ADRF by 31<sup>st</sup> March. It is recommended that applicants convert the completed Word document to a PDF file prior to submission to minimise the risk of file or format changes. Scanned or electronic signatures should be included with the application.*

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*Updated October 2007*