

Special Research Grants Program - Scholarship Application - R06.2-2026

Form Preview

Special Research Grants Program Round 6.2 - Scholarship Application

* indicates a required field

Introduction

Clinicians interested in emergency medicine research to improve emergency trauma care but do not have any prior research experience can apply for a scholarship to attend a university course for training in emergency healthcare research. Applications for the second intake in Round 6 close on **Monday 10 August 2026 at 10:00am AEST**.

Please refer to the Scholarship Funding Guidelines available on [EMF's website](#) to ensure you meet the eligibility criteria and for detailed information on completing your application.

Please Note:

- to prevent loss of data please save your work regularly. SmartyGrants will timeout after 20 minutes.
- a submission can be prepared off-line using the grant application Word template on our [website](#).
- each upload facility provided for the attachment of documentation has a maximum file limit of 25MB however it is strongly recommended that you try to keep files under 5MB.

Should you have any questions, please contact the EMF Research Team on (07) 3112 8668 or email grants@emfoundation.org.au.

1. Applicant *

Title	First Name	Last Name

2. Applicant's Institution *

☐ Cairns and Hinterland	☐ North West	☐ Torres and Cape	☐ QAS
☐ Childrens Health Queensland	☐ Mackay	☐ Townsville	☐ RSQ
☐ Central Queensland	☐ Metro North	☐ West Moreton	☐ RFDS (QLD)
☐ Central West	☐ Metro South	☐ Wide Bay	☐ LifeFlight
☐ Darling Downs	☐ South West	☐ Mater Hospital Brisbane	☐ Other:
☐ Gold Coast	☐ Sunshine Coast		

Please indicate your primary place of practice, e.g. your hospital or health service.

a) If you selected OTHER, please explain the affiliation with the named Institution.

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3. Please describe your current clinical role and how you meet the eligibility criteria for scholarship applicants in the Trauma Care program. *

Word count:

Max 150 words. Please refer to Section 3.1 of the Scholarship Funding Guidelines.

4. Please describe your availability to attend the course. *

For example, please provide information on your clinical load and how many hours per week you can commit to the research training. Will these hours be committed outside of your clinical duty, will you be using professional development leave, or do you have your Head of Department's permission to attend the course within working hours?

5. Please describe your interest in research and outline your prior research experience, if any. *

Word count:

Max 300 words.

6. Please outline your future research plans after completing the course. *

Word count:

Max 300 words. This might include for example how a future engagement in research may be beneficial to your career progression or investigating an area of interest. Please note that successful applicants must complete the course and commit to submitting a grant proposal of sufficient quality to any of EMF's research grants programs within two years of completing the course.

7. Please explain how attending a university course funded by an EMF scholarship will help you gain the required research knowledge and training. *

Word count:

Max 150 words.

8. Curriculum Vitae

Attach a file:

Please upload a short and recent CV of 2-3 pages.

Mentor

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9. Mentor: are you nominating your own Mentor? *

☐ Yes

☐ No

Please refer to Section 2 in the Scholarship Funding Guidelines. If NO, please proceed to question 14.

10. Mentor Name: *

Title

First Name

Last Name

11. Mentor: please describe your current role and provide a brief overview of your research track record. *

Word count:

Max 150 words. Please refer to the Scholarship Funding Guidelines for Mentor eligibility.

12. Mentor statement *

Word count:

Max 250 words. Please describe why you have chosen to support the applicant and how you will ensure the applicant receives high quality research training.

13. Mentor's CV

Attach a file:

Please upload a CV less than 12 months old, detailing relevant research experience including the past five years of publications and funding success, if applicable, max 3 pages. If you have been awarded EMF grants in the last 5 years as Principal Investigator or Co-Investigator, please ensure these are included in your CV.

14. The following researchers from the Jamieson Trauma Institute are available for mentoring support and their profiles can be viewed on the [JTI website](#). If you do not have access to mentoring support in your immediate work environment, please select up to three researchers from the list below; one mentor will be assigned to you depending on availability.

*

☐ Dr Clifford Afoakwah, Senior Research Fellow

☐ Prof Cate Cameron, Principal Research Fellow

☐ A/Prof Shahera Banu, Data Analyst

☐ Dr Panos Barlas, Principal Research Fellow

☐ Mr Brett Droder, Health information Manager

☐ Ms Esther Jacobson, Research Coordinator

☐ Dr Alejandro Melendez Calderon, Principal Research Fellow

☐ Dr Catherine Niven, Research Fellow

☐ Mr Isaac Salisbury, Research Officer

☐ Dr Tanya Smyth, Research Fellow

☐ Prof Kirsten Vallmuur, Chair of Trauma Surveillance and Data Analytics

☐ Ms Jacelle Warren, Statistical Analyst

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15. Applicant

Name *

Title

First Name

Last Name

Institution, Department and Position ***Primary Postal Address ***

Address

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

Primary Phone Number ***Mobile Phone Number ***

Must be an Australian phone number.

Primary Email Address *

Must be an email address.

16. Mentor (if nominated by applicant)

Name

Title

First Name

Last Name

Institution, Department and Position**Primary Postal Address**

Address

Primary Phone Number

Must be an Australian phone number.

Mobile Phone Number

Must be an Australian phone number.

Primary Email Address

Must be an email address.

17. Contact for your Institution

Please provide details for a contact person at your institution for EMF to notify, should your scholarship application be approved. The contact person could be your Head of Department, ED Director, Nurse Unit Manager or equivalent.

Institution Contact

*

Title

First Name

Last Name

Institution and Department ***Position *****Primary Phone Number ***

Must be an Australian phone number.

Primary Email Address *

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Must be an email address.

18. Online Certification

I, the applicant on this scholarship application, certify the following:

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- ☐ To the best of my knowledge, all required information has been provided and is complete, current and correct, and all eligibility and other application requirements have been met.
- ☐ I have notified the Head/s of Department/s (or equivalent) and the Administering Institution regarding this scholarship application and any relevant approvals have been obtained.
- ☐ I authorise EMF to make any enquiries it considers necessary in relation to the proposed application.
- ☐ I agree to adhere to the conditions governing EMF grants provided in the Funding Guidelines and the Funding Agreement.
- ☐ I have read and agreed to the Privacy Notice below.

Privacy Notice: *All signatories consent to the information supplied as part of the application being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the grant. Such disclosure includes, but is not limited to, disclosure to members of the Research Evaluation Panel and the Research Committee and relevant representatives and employees of the Emergency Medicine Foundation Ltd. The Emergency Medicine Foundation may disclose the information collected in this document in connection with publicising and reporting on the awarding to, and the use of, the funds including in media releases, general announcement and reports. Documents containing personal information are handled and protected in accordance to our [privacy policy](#) and the provisions of the information Privacy Principles contained in the information Privacy Act 2009 (Qld) which sets standards for the collection, storage, use and disclosure of, and access to, personal information.*