



**PAT, TONI & PETER KINSMAN RESEARCH
SCHOLARSHIP INTO POSTNATAL DEPRESSION**

APPLICATION FORM

- Applications must be typewritten
- Only complete the pages attached. Additional pages will be discarded.
- Six copies of the application form must reach the address below by 31 October of each year.
- **Closing Date: 31 October 2017**

Please send applications to:
Kinsman Research Scholarship
Manager, Membership Services
Royal Australian and New Zealand College of Psychiatrists
309 La Trobe Street
MELBOURNE VIC 3000

Phone: 03 9640 0646
Fax: 03 9642 5652
E-mail: awards@ranzcp.org

1. Chief Investigators:

	Surname	Title	Initials
A			
B			
C			
D			

2. (a) Scientific Project Title (Maximum 90 characters including spaces):

(b) Simplified Project Title (Maximum 90 characters including spaces):

3. (a) Name of Administering Institution:

Full Address: _____

_____ Postcode: _____

(b) Department and Institution where project will be carried out:

4. Chief Investigators:

A	Name:	Surname	Title	Initials
	Current appointment:			
	Current work address:			
	Phone No.	Fax No.:		
	E-Mail address:			

B	Name:	Surname	Title	Initials
	Current appointment:			
	Current work address:			
	Phone No.	Fax No.:		
	E-Mail address:			

C	Name:	Surname	Title	Initials
	Current appointment:			
	Current work address:			
	Phone No.	Fax No.:		
	E-Mail address:			

D	Name:	Surname	Title	Initials
	Current appointment:			
	Current work address:			
	Phone No.	Fax No.:		
	E-Mail address:			

5. Clearance Requirements

(a) Ethical implications of the project:

(b) Has Ethics Approval been sought

YES / NO

6. Budget Items:

Detailed Budget of Project	\$ Requested

7. Justification of Budget:

7. Research Support:

Title of Project	Investigators	Source of Funds

8. Aims and Significance of the Project:

9. Lay Description (Maximum 80 words):
