



**Primary Health Care Research Evaluation and Development
(PHCRED) Program**

Writing Grant Application Form

Please print clearly or type.

<i>Name of Applicant:</i>	
<i>Position:</i>	
<i>Phone number(s):</i>	
<i>E-mail:</i>	
<i>Fax:</i>	
<i>Address:</i>	

<i>Title of Project or Activity:</i>	
<i>Summary of planned writing and/or project activity, (max 100 words):</i>	
<i>Aims & outcome of planned writing and/or project activity</i>	
<i>Intended start date:</i>	<i>End date:</i>

*Provide details of your intended work plan
(Please include project timelines and projected milestones)*

What form will your intended piece of writing take to communicate the outcomes of the activity to others?

- Published literature
- Report
- Seminar or Conference presentation
- Other, list: _____

Are you currently receiving research funding for this project from any other source?

- Yes No

If yes, please provide details.

<i>Project Title</i>	<i>Funding Body</i>	<i>Amount</i>	<i>Years</i>

Please attach a copy of your Curriculum Vitae to this application form.

<i>Signature:</i>	<i>Date:</i>
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<i>**Supervisors signature</i>	<i>Date:</i>
<i>Supervisors name (please print)</i>	
<i>I recommend this application be approved:</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

***To be completed in conjunction with the Monash University PHCRED Coordinator. This section can be completed prior to enrolment.*

Send one copy of your application form and CV to:

Post:

Christopher Anderson
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School of Primary Health Care
Monash University
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Notting Hill VIC 3168, Australia

Email:

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<i>Office Use Only</i>
<i>Amount of funding approved \$</i>