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| **HBOC WILMA BARDEN MEMORIAL GRANT – APPLICATION FORM** |
| **FIRST NAME:** |  | **CONTACT PH:** |  |
| **LAST NAME:** |  | **MOBILE:** |  |
| **EMAIL:** |  |
| **POSTAL ADDRESS:** |  |
| **RELEVANT QUALIFICATIONS / SKILLS / EXPERIENCE** |
| Please list details of relevant tertiary education and practical experience (paid/unpaid/volunteer positions) below |
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| **PROJECT DETAILS** |
| **PROJECT TITLE:** |
| **LOCATION OF PROJECT:** |
| **NAMES OF PEOPLE OF WHO WILL BE WORKING WITH YOU:** |
| **NAME** | **ROLE** | **LEVEL OF INVOLVEMENT** |
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| **BRIEF DESCRIPTION OF THE PROJECT:** |
| **Aims and justification** |
| **Methods** |
| **Project Design (if applicable)** |
| **Any progress made to date?** |
| **Expected start date** |  |
| **Expected completion date** |  |
| **Please describe the significance of the project to the research and conservation of Australian birds and the relevance for Hunter Region birdlife below** |
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| **How much funding are you seeking?** (Maximum $2000 available) | $ |
| **How will the grant be spent if successful?** |
| **Please detail any other sources of funding for your project:** |
| **If your project involves live birds, do you have, or are you intending to obtain all necessary permits?** (please provide details below)NB: The awarding of the grant will be contingent on receiving the required permits.  |
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| **REFEREES** |
| **Please provide details of two referees below (who can comment on your project and your qualifications/experience):** |
| **Referee 1 Name:**Job Title:Contact Number: |  |
| **Referee 2 Name:**Job Title:Contact Number: |  |
| By signing below, I agree to abide by the terms and conditions of the HBOC’s assistance.Please attach a brief CV, including any relevant qualifications/publications. |
| **Signature:** |  |
| **Date:** |  |