

Victorian Cardiovascular Research Network (Vic CVRN) Career Development Grant 2026 - Application

Please refer to the grant guidelines and FAQs on the [Vic CVRN web page](#) for clarification.

Applicant details

Title:

First name:

Last name:

Phone:

Email address:

Administering Institution:

Are you a member of the Victorian CVRN? Yes No Unsure

You must be a current member of the Victorian CVRN to apply. If you are not a member, you can join now - [Join the Vic CVRN](#)

Date PhD awarded: _____

Career disruptions*: Yes No

*Evidence of leave of absence must be evidenced by a letter from or endorsed by your Administering Institution confirming the amount of time, dates, and reason for absence.

Research field

How would you best describe your field of research? (more than one can apply)

Discovery/fundamental

Public Health

Clinical

Health Services

Current Funding

Are you currently receiving any other funding for this career development activity?

Yes

No

If Yes, please specify from which funding body(s). _____

Briefly describe the other funding relevant to this activity (1-2 lines)

Proposed use of grant funding

Attachments

Please include the following:

- Up to one page detailing how you intend to use a Vic CVRN Career Development Grant, including a clear description of activities to be funded by the Grant, how you anticipate these activities will impact upon and advance your career track record, and any outcomes you anticipate from the funding (e.g. including publications, grant applications, collaborations, etc.).
- Letter of evidence of career disruption from your institution.
- Letter of support from your supervisor or Head of Department

Note: You can only spend grant funds to pursue the career development activities described in this Grant application. The Grant can be used to pay costs that arise directly from these activities. Grant recipients will be required to submit a brief post-award report outlining how the funded activity contributed to their career development. This report will include a financial acquittal of grant expenditure.

Certification by Applicant

I certify that:

- a) If successful, I commit to taking part in the activities proposed in this application within the applicable period of the Grant.
- b) The information supplied by me on this form is complete, true, and correct.
- c) I have appropriately assessed with any provider organisations that the activity is available to me.
- d) I will submit this application to the administering institution's grant administration office.
- e) I understand and agree that, if the application is successful, no further claim will be made on the Vic CVRN and Heart Foundation to cover any expenditure beyond the Grant value.

Signature of applicant: _____

Privacy Statement

Our [Privacy Policy](#) regarding the collection of personal information is available on the [Heart Foundation website](#).