

Inaugural
SJ Paine Award

Offered by the
New Zealand Branch of the



Australasian
Sleep
Association

APPLICATION FORM

Full name of applicant:

Role:

Organisational affiliation:

Email address:

Contact phone number:

ASA membership number:

Title of research project:

.....

Project start date: Project end date:

Describe your project aims and methodology

Detail the proposed use the Award funding

Explain how the the funding will advance knowledge of, or enhance, Māori sleep health in Aotearoa New Zealand

Signature of applicant: Date of application: