****

**EMCRA Collaborative Award 2019**

***Application form***

Submit completed application form via email to:**sbs-emcra@unimelb.edu.au**

1. **Applicants’ Details**

**Applicant 1**

***First Name:***

***Surname:***

***Department:***

***Level:***

***Date PhD Awarded*** *(month/year)****:***

***FTE:***

***Gender*** *(For data purposes only, can be left blank)****:***

***Current Supervisor:***

***Telephone:***

***Email:***

**Applicant 2**

***First Name:***

***Surname:***

***Department:***

***Level:***

***Date PhD Awarded*** *(month/year)****:***

***FTE:***

***Gender*** *(For data purposes only, can be left blank)****:***

***Current Supervisor:***

***Telephone:***

***Email:***

**Applicant 3** *(If applicable, insert more as required)*

***First Name:***

***Surname:***

***Department:***

***Level:***

***Date PhD Awarded*** *(month/year)****:***

***FTE:***

***Gender*** *(For data purposes only, can be left blank)****:***

***Current Supervisor:***

***Telephone:***

***Email:***

1. **Executive Summary** *(1/2 page limit per applicant) Weighting: 10%*

*Please outline your carer achievements to date. This may include publications, awards, technical expertise gained, and community engagement. Information pertaining to relative to opportunity / career disruption, if applicable, should be provided in section 2.1.*

* 1. ***Relative to opportunity / Career disruption*** *(1/4 page limit per applicant)*

*Please provide a brief explanation of the type and impact of the relative to opportunity circumstances and/or career disruption/s on your research and research achievements relative to stage of career.*

1. **Collaboration Details** *Weighting: 20%*

*Please note only Applicant Roles is scored in this section. All sections must however, be completed.*

***3.1 Is this a new or existing collaboration?***

*(Indicate appropriate response)*

New Collaboration Existing collaboration

***3.2 Have the applicants previously published together or received joint funding?***

*(Indicate appropriate response)*

 Published Funding Both Neither

***3.3 Describe the level and nature of this collaboration*** *(1/4 page)*

*Please describe the collaboration topic and how the collaboration was initiated. Where applicable, include publications produced and successful funding awarded.*

***3.4 Applicant Roles*** *(1 page)*

*Referring to your Executive Summaries, specifically state how the project will utilise the skills and expertise of each applicant. Describe the responsibilities each applicant will have in the design, generation, and interpretation of the results with respect to their specific skills and knowledge. Applicants may refer to individual track records, but publication lists are not permitted.*

1. **Research Plan** *(1 page) Weighting: 50%*

*Research plans should include a short title (10 words or less), appropriate background, clear hypotheses and aims. Plans should be written for a broad scientific audience and avoid specific jargon.*

* 1. ***References*** *(if applicable, 1 page)*
	2. ***Feasibility*** *(1/2 page)*

*Please provide a timeline for the proposed work, an overview of how the funds will be spent (detailed budget not required), and access to facilities required. Please also include the time commitment for each applicant in FTE and if student involvement is required the relevant supervision arrangements. Be brief, dot points and diagrams may assist.*

1. **Outcomes** *(1/2 page) Weighting: 20%*

*Please outline the measurable outcomes of the project relating to the applicants and their research, e.g. new skills/techniques/methods/models, proof-of-principle, preliminary data, publication, and future directions of the collaboration. Dot points or diagrams may be used.*

1. **Declarations by Applicants**

We declare that the information we have provided here is, to the best of our knowledge, accurate. We understand and acknowledge that any offer of funding may be withdrawn if false information has been given.

**Applicant 1**

Title, Full name Department Signature Date

**Applicant 2**

Title, Full name Department Signature Date

**Applicant 3**

Title, Full name Department Signature Date

**Applicant 4**

Title, Full name Department Signature Date

1. **Declarations by Heads of Department**

I confirm that:

* The project described can be accommodated by the general facilities within my department.
* The applicant from my department has the capacity to carry out the proposed work in addition to their current responsibilities.

**Applicant Name/s:**

Title, Full name Department Signature Date

**Applicant Name/s:**

Title, Full name Department Signature Date

**Applicant Name/s:**

Title, Full name Department Signature Date

**Applicant Name/s:**

Title, Full name Department Signature Date