**application number (office use only)**



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| --- |
| APPLICATION FORinternational collaborative research grant scheme with VU 2013 |

|  |  |
| --- | --- |
| **First named CUFE Chief Investigator**  |  |
| **First named VU research partner investigator** |  |
| **Name of VU School/dept/ Institute/ centre** |  |

1. **Total funds requested from CUFE in this application**

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| --- |
|  |

1. **Project Title (short descriptive title of no more than 20 words in length)**

1. Project Summary (In no more than 100 words, summarise aims, significance, expected outcomes and nature of collaboration with international partner
2. **Summary of all participants from both CUFE and VU, including all Chief Investigators (to be retained in the same order throughout the application)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person****Number** | **Family name** | **Title** | **Initials** | **University** | **School/Dept/Centre/Institute** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

1. **Research classification codes (OFFICE USE ONLY)**

**(Refer to the Office for Research website at** [**http://research/res\_code.php**](http://research/res_code.php))

|  |  |  |  |
| --- | --- | --- | --- |
| **Field of research (FOR) Classification codes** | **%** | **Socio-Economic Objective (SEO) codes** | **%** |
|  |  |  |  |  |  |  |  |  |
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1. **Participant details**

Individual details for each CUFE Chief Investigator

Complete a new page for each participant listed in Section 4.

**Person number (see Section 4)**

**Name and personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name** |  | **Title** |  |
| **First name** |  | **Second name** |  |
| **Role (CI, MI, PI or AI)** |  | **Sex** |  | **Email** |  |
| **Phone** |  | **Fax** |  |  |  |
| **School/Department/Centre/****Institute** |  |

**Current position**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position****title** |  | **Year appointed to vu** |  |

#### Highest academic qualification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** |  | **Organisation** |  | **Country** |  |
| **Year/month awarded** |  | **(or) Date thesis submitted****(or) Conferred** |  |

1. **CUFE Organisation Details**

**Organisation contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name** |  | **Title** |  |
| **First name** |  | **Second name** |  |
| **Phone** |  | **Fax** |  |
| **Email** |  |

**Organisation postal address**

|  |  |
| --- | --- |
| **Organisation** |  |
| **Postal address line 1** |  |
| **Postal address line 2** |  |
| **Locality** |  | **State** |  **`** | **Postcode** |  | **Country** |  |

1. **Budget**

**All costs should be quoted excluding GST.**

|  |  |  |
| --- | --- | --- |
| **Detailed Budget (List all items individually)** | **$ Amount****Requested** | **Other Support****(cash (C) and/or in-kind (IK); Define which and source** **(IK); define which and source)** |
|  | **TOTAL** | **VU** | **CUFE** | **VU** | **CUFE** |
|  |  |  |
| **PERSONNEL****(include type and level of appointment and on-costs)****EQUIPMENT****MAINTENANCE****TRAVEL****OTHER** |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |

1. **Certification for Chief And Partner Investigators**

 **I certify to the best of my knowledge that:**

1. **This application adheres to the Victoria University International collaborative Research Grant Scheme with cufe Guidelines supplied to all applicants; and**
2. **I am submitting no more than Two applications to the 2013 Victoria University International collaborative Research Grant Scheme with cufe Guidelines when listed as a Chief Investigator; and**

**3. If I am successful, I will accept the Conditions of Award relating to Victoria University International collaborative Research Grant Scheme with cufe; and**

**4. I understand and agree that all statutory requirements, as itemised in the application form, must be met before payment for the proposed research can be made; and**

1. **That this application has been subjected to the Quality Assurance processes for such applications provided by my School, Faculty, Institute or Research Centre.**

**Signatures of Chief and Partner Investigators**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Certification by Head of Institute/School/Centre**

**1. I certify that the project that is the subject of this Application can be accommodated within the general facilities in my Institute/School/Centre and that sufficient working and office space is available for any proposed additional staff.**

**2. I am prepared to have the project carried out in my Institute/School/Centre under the circumstances set out by the applicant/s in this Application.**

1. **I have noted the time commitment which the investigator/s propose to devote to the project and certify that it is appropriate to existing workloads; and**
2. **I agree that this application adheres to the Victoria University International collaborative Research Grant Scheme with cufe Guidelines supplied to all applicants.**

**Note: A confidential statement may be forwarded if thought advisable.**

Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Certification by Associate Dean (Research and Research Training)**
2. **I certify that this application has been reviewed within the Faculty. The reviewer has indicated that this application addresses the criteria as set out in the guidelines and is of sufficient quality to be considered for funding.**

Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: All certifications must be signed and dated prior to submission of the Application.**

**Note: For applications which involve applicants from more than one Faculty, it would be expected that the application is handled and certified through the Faculty of the first-named Chief Investigator.**

FREE – FORM TEXT

**In no more than FIVE pages, provide the following information:**

1. **Aims, significance and expected outcomes and impacts of the research. Include any specific hypotheses to be tested.**
2. **Research plan, methods, techniques and proposed timing.**
3. **Relevance of investigator skills, training and experience to the project.**
4. Role of each named investigator in the proposed research; include role of any other participant/s.
5. **Explanatory statement of track record of Chief and Partner Investigator relative to opportunity.**
6. **Justification of the budget.**
7. **Relationship of the Project to a University Institute or Research Centre (Refer to:**

[**http://research.vu.edu.au/index.php**](http://research.vu.edu.au/index.php)

1. **Expected outcome of the research in relation to preparation of future proposal for further significant funding.**
2. **Relevance of research to Partner Investigator and Their Country**

**NOTE: Project references is one page in addition to the five pages of free form text.**

**ITEMS ADDITIONAL TO THE PAGE LIMITATION:**

1. **List Project References (no longer than one page).**
2. **Publication list for each CUFE Chief and Partner Investigator for the last 5 years.**
3. **Letter(s) of support from the Partner Investigator’s organisation(s) involved.**
4. **Include any Investigator eligibility clarifications provided by the CUFE Office for Research.**