**2024 Early Career Researcher Grant**

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| **Applicant Name** | Click or tap here to enter text. |
| **Faculty**  | Click or tap here to enter text. |
| **School / Department / Eligible Affiliated Institute** | Click or tap here to enter text. |
| **Application budget total** | $ Click or tap here to enter text. |

# AUTHORISATION BY HEAD OF SCHOOL/DEPARTMENT OR INSTITUTE DIRECTOR

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| ***✓*** | **In signing below, I confirm that:** |
|[ ]  The applicant’s CV and Research Outputs are an accurate reflection of their academic career to date |
|[ ]  The applicant and their proposed project can be accommodated within the general facilities in my School/Department  |
| **Select one:** |[ ]  The applicant holds or has a confirmed a future appointment for a salaried (fixed-term or continuing) academic appointment of at least 0.5 full-time equivalent (FTE) at Level A, B or C at the University of Melbourne, that begins 1 January 2024 or earlier |
|  |[ ]  The applicant holds or has a confirmed an appointment for a salaried (fixed term or continuing) academic appointment of at least 0.5FTE at Level A, B or C, with a Department/School of the University of Melbourne but based at an affiliated medical research institute or a non-medical research institute, that begins 1 January 2024 or earlier |
|  |[ ]  The applicant holds or has a confirmed an honorary appointment from 1 January 2024 or earlier, at Level A, B or C, which can be based at: the Florey Institute of Neuroscience and Mental Health; the Peter MacCallum Cancer Centre; the Bionics Institute of Australia; or the Baker Heart and Diabetes Institute |
|[ ]  The applicant’s position (noted above) is either continuing, or fixed term until at least 31 December 2024 **OR** if this ECR application is successful, I agree to consider the case for extension of the applicant’s contract until 31 December 2024 noting that successful applicants must be employed for the period of the grant or otherwise relinquish the funding |

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| **Funding co-contributions** |
| The sum of co-contributions must equal half of the requested budget at minimum. Co-contributions may be split between Faculty and School/Department or ‘Other’ budgets (e.g. labs) by arrangement between those parties, and should be reflected in the table below. Additional co-funding may be offered above the scheme maximum but this will not be matched by Chancellery. If a successful applicant is awarded less than their request, the co-contribution will remain 50% of the total funded. * Academic Divisions in HASS and the Melbourne Business School are required to provide a co-contribution of up to $12,500 (50% of application budget up to $25,000)
* Academic Divisions in STEMM and eligible affiliated Medical Research Institutes are required to provide a co-contribution of up to $20,000 (50% of application budget up to $40,000)
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| Department/School co-contribution: | $ Click or tap here to enter text. |
| Academic Division co-contribution: | $ Click or tap here to enter text. |
| Institute co-contribution | $ Click or tap here to enter text. |
| Other co-contribution: | $ Click or tap here to enter text. |
| **Total (50% of application budget):** | **$** Click or tap here to enter text. |

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| **HoD/HoS/Institute Director** | Click or tap here to enter text. |
| **School/Department/Institute** | Click or tap here to enter text. |
| **Signature** |  | **Date** | Click or tap here to enter a date. |

# ADDITIONAL SUPERVISOR DECLARATION (IF RESEARCH-ONLY APPOINTMENT)

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| ***✓*** | **Research-only applicants *(leave blank if not applicable)***If the applicant is on a research only appointment, their supervisor must declare: |
|[ ]  I confirm that the applicant’s proposed research is distinct from the research they are currently pursuing under my supervision, and that the applicant will have the capacity to carry out the proposed work in addition to their current program of research. |
| **Supervisor Name** | Click or tap here to enter text. |
| **Signature** |  | **Date** | Click or tap here to enter a date. |