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**2025 Joyce Lambert Antarctic Research Fund**

*This form should be completed by Heads of School/Department on behalf of applicants to the 2025 Joyce Lambert Antarctic Research Fund.*

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| --- | --- |
| **Applicant Name** | Click or tap here to enter text. |
| **Faculty** | Click or tap here to enter text. |
| **School / Department** | Click or tap here to enter text. |
| **Proposed grant end date** |  |

# AUTHORISATION BY HEAD OF SCHOOL/DEPARTMENT

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| --- | --- |
| ***✓*** | **In signing below, I confirm that:** |
|  | The applicant’s CV and application demonstrates that this research proposal is feasible and the grant opportunity has high potential to support their research careers. |
|  | The applicant and their proposed project can be accommodated within the general facilities in my School/Department, and their employment has scope for them to conduct the proposed research project within the proposed timeframe. |
|  | 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) in my School/Department the University of Melbourne, that begins 1 January 2025 or earlier. |

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| **Name of HoD/HoS** | Click or tap here to enter text. | | |
| **Name of School/Department** | 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 employed for a specific research project *(leave blank if not applicable)***  If the applicant is on a research-only appointment for a specific research project, 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 research project in addition to their current program of research. | | | |
| **Supervisor Name** | | Click or tap here to enter text. | | |
| **School/Department** | |  | | |
| **Signature** | |  | **Date** | Click or tap here to enter a date. |