**THE UNIVERSITY OF MELBOURNE**

**2021 Early Career Researcher Grant**

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| **Applicant Name** |  |

# AUTHORISATION BY HEAD OF SCHOOL/DEPARTMENT

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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* |
|  | *The applicant has a continuing position or a fixed term position until at least 31 December 2021*  ***OR***  *If this ECR application is successful, I agree to consider the case for extension of the applicant’s contract until 31 December 2021 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** | |
| *This program requires a faculty co-contribution equal to the amount of central funding requested.*   * For HASS faculties, a co contribution of up to $12,500 (50% of application budget up to $25,000) * For STEMM faculties, a co-contribution of up to $20,000 (50% of application budget up to $40,000) | |
| Department/School co-contribution: | $ |
| Academic Division co-contribution: | $ |
| Other co-contribution: | $ |
| **Total (50% of application budget):** | **$** |

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| --- | --- | --- | --- |
| **HoD Full Name** |  | | |
| **School/Department** |  | | |
| **Signature** |  | **Date** |  |

# ADDITIONAL SUPERVISOR DECLARATION (IF RESEARCH-ONLY APPOINTMENT)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***✓*** | **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** | |  | **Signature** |  | **Date** |  |

Please return signed certifications to the applicant to include in their electronic submission.